

Fill in this information to identify the case:

United States Bankruptcy Court for the:

DISTRICT OF MASSACHUSETTS

Case number (if known) Chapter 7

☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/25

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	Freight Farms, Inc.	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names		
3. Debtor's federal Employer Identification Number (EIN)	26-4192543	
4. Debtor's address	Principal place of business 20 Old Colony Avenue Suite 201 Boston, MA 02127 Number, Street, City, State & ZIP Code Suffolk County	Mailing address, if different from principal place of business P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business 54,56 & 62 Crawford Street Leominster, MA 01453 Number, Street, City, State & ZIP Code
5. Debtor's website (URL)	freightfarms.com	
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify:	

Debtor **Freight Farms, Inc.** Case number (if known) _____
Name

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
☐ Chapter 9
☐ Chapter 11. Check **all** that apply:
☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,424,000 (amount subject to adjustment on 4/01/28 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
☐ Yes.

Debtor **Freight Farms, Inc.** Case number (if known) _____
Name

List all cases. If more than 1,
attach a separate list

Debtor _____ Relationship _____
District _____ When _____ Case number, if known _____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49

☐ 50-99

☐ 100-199

☒ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☒ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **Freight Farms, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **April 30, 2025**
MM / DD / YYYY

X /s/ Monalisa Shroff
Signature of authorized representative of debtor

Title **CFO**

Monalisa Shroff
Printed name

18. Signature of attorney

X /s/ Donald R. Lassman
Signature of attorney for debtor

Date **April 30, 2025**
MM / DD / YYYY

Donald R. Lassman 545959
Printed name

Law Office of Donald R. Lassman
Firm name

P. O. Box 920385
Needham, MA 02492
Number, Street, City, State & ZIP Code

Contact phone **781-455-8400**

Email address **Don@LassmanLaw.com**

545959 MA
Bar number and State

ADDITIONAL ASSET LOCATIONS:

241 FRANCIS AVENUE, MANSFIELD, MA 02048

155 SEWARD ROAD, RUTLAND, VT 05701

54 OLD COLONY AVE., SUITE 1B, BOSTON, MA 02127

Fill in this information to identify the case:

Debtor name Freight Farms, Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 30, 2025

X /s/ Monalisa Shroff

Signature of individual signing on behalf of debtor

Monalisa Shroff

Printed name

CFO

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Freight Farms, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF MASSACHUSETTS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ **593,916.14**

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ **593,916.14**

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **105,000.00**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **6,905,826.36**

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ **7,010,826.36**

Fill in this information to identify the case:Debtor name Freight Farms, Inc.United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Eastern Bankchecking5932\$25,750.553.2. Eastern Banksavings6685\$874.59**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$26,625.14**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. security deposit for Leominster Lease\$32,735.00**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Debtor **Freight Farms, Inc.** Case number (If known) _____
Name

Description, including name of holder of prepayment

Letter of credit issued by Eastern Bank for the benefit of debtor's landlord, National Development
Last 4 digits - 3208 - there is \$53.40 of interest earned in the letter of credit account that is available

8.1. **\$232,838.00**

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$265,573.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: **5,050.00** - **0.00** = **\$5,050.00**
face amount doubtful or uncollectible accounts

11b. Over 90 days old: **289,313.00** - **0.00** = **\$289,313.00**
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$294,363.00

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

General description

Date of the last physical inventory

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

19. **Raw materials**

Debtor Freight Farms, Inc. Case number (If known) _____

Name

raw materials
Note - physical
inventory was
completed as part of
2023 audit but the audit
was not completed.
Raw materials and
finished goods include
product at Kaylow
Technologies, a third
party manufacturer
location and with whom
the debtor is currently
engaged in a lawsuit.
Book value as of March
31, 2025

1/11/2024

\$1,568,888.00

Book Value

Unknown

20. Work in progress
Work in progress - value
included in raw
materials above

Note - physical
inventory was
completed as part of
2023 audit but the audit
was not completed.
Raw materials and
finished goods include
product at Kaylow
Technologies, a third
party manufacturer
location and with whom
the debtor is currently
engaged in a
lawsuit. Book value as of
March 31, 2025

\$0.00

Unknown

21. Finished goods, including goods held for resale
Finished goods

Note - physical
inventory was
completed as part of
2023 audit but the audit
was not completed.
Raw materials and
finished goods include
product at Kaylow
Technologies, a third
party manufacturer
location and with whom
the debtor is currently
engaged in a
lawsuit. Book value as of
March 31, 2025

1/10/2024

\$2,519,831.00

Book Value

Unknown

22. Other inventory or supplies

Debtor **Freight Farms, Inc.** Case number (If known) _____
Name

Other inventory	ongoing	\$50,994.00	Book Value	Unknown
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23. **Total of Part 5.** **\$0.00**
Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture includes fixtures and office equipment	\$51,643.00	Net Book Value	Unknown

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** **\$0.00**
Add lines 39 through 42. Copy the total to line 86.

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☐ No
☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

Debtor **Freight Farms, Inc.** Case number (If known) _____
Name

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48.	Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Research Farms	\$182,598.00	Net Book Value	Unknown

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☐ No
☒ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets see attached list updated as of November 2024.	\$0.00		Unknown

61. **Internet domain names and websites**

62. **Licenses, franchises, and royalties**

63. **Customer lists, mailing lists, or other compilations**

Debtor Freight Farms, Inc. Case number (If known) _____
Name

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?

- ☒ No
☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☒ No
☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

**Current value of
debtor's interest**

71. **Notes receivable**

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

see attached list of vendor credits owed to the debtor.

\$7,355.00

Nature of claim

credits from vendors

Amount requested

\$7,355.00

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** Examples: Season tickets, country club membership

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$7,355.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Debtor **Freight Farms, Inc.** Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$26,625.14	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$265,573.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$294,363.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$7,355.00	
91. Total. Add lines 80 through 90 for each column	\$593,916.14	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$593,916.14

FREIGHT FARM PATENT FAMILIES

1. Insulated Shipping Containers Modified for High-Yield Plant Production Capable In Any Environment (AU/AU DIV, CA, EP, JP, KR [withdrawn], QA [lapsed], AE, PCT [completed], US PROV [expired], 3 US UTIL, US CON)
2. Vertical Assembly for Growing Plants (AU [abandoned], EP, JP, AE, PCT [completed], US PROV [expired], 2 US UTIL)
3. Insulated Shipping Containers Modified for High-Yield Fungi Production Capable In Any Environment (US PROV [expired], 2 US UTIL)
4. Modular Farm Control and Monitoring System (AU, EP, AE, JP [abnd], JP DIV, PCT [completed], US PROV [expired], US UTIL)
5. Modular Farm with Carousel System (CA, EP, JP, AE, PCT [completed], US PROV [expired], US UTIL)
6. Hub and Spoke Modular Farm System (BH, CA, EP, IL, JP, KW, QA, SA, PCT [completed], US PROV [expired], US UTIL; US CIP)
7. Closed Farm with Air Flow Control (US PROV [expired], US UTIL)
8. Systems and Methods for Controlling and Monitoring Farms (US PROV [expired], US UTIL, PCT [completed], EP)
9. Vertical Farming and Watering System and Methods of Making and Use Therefor (US PROV [expired], US UTIL, PCT [complete], CA, EP, IN, MX)
10. Farm Structure (US DESIGN, 4 EP DESIGNS; 4 UK DESIGNS)
11. Modular Farm and Methods of Making and Use Thereof (US PROV [expired], PCT)
12. Seedling Machine and Methods of Use Thereof (US PROV [expired], PCT)
13. Farm Structure (ALL DESIGN: US, MX, UKx2, EUx2, CA)
14. Containerized Farm Components and Fixtures (US PROV)

**PRIVILEGED AND CONFIDENTIAL
ATTORNEY-CLIENT COMMUNICATION**

Vendor credits

Vendor	Current	1 to 30	31 to 60	61 to 90	91+	Total
BARD MANUFACTURING COMPANY, INC.	-	-	-	-	(4,772)	(4,772)
Intertek Testing Services NA Ltd.	-	-	-	-	(1,753)	(1,753)
McMaster Carr	-	1,401	-	-	(2,232)	(830)
Total						(7,355)

Accounts Receivable Aging Detail

Freight Farms, Inc.

As of April 24, 2025

Aging by due date

Contact	Invoice Date	Due Date	Invoice Number	Invoice Reference	Current
Abundant Life Farm	03 Feb 2025	13 Feb 2025	INV-3573	Storage	0.00
Abundant Life Farm	04 Mar 2025	14 Mar 2025	INV-3619	Storage	0.00
Attleboro Public Schools	08 Aug 2024	18 Aug 2024	INV-3389	Delivery Deposit	0.00
Attleboro Public Schools	29 Aug 2024	09 Sep 2024	INV-3409	Final Delivery	0.00
Attleboro Public Schools	09 Sep 2024	23 Sep 2024	INV-3420	Structural Consulting	0.00
Barry Rasch	10 May 2022	10 Jun 2022	INV-1618	Storage	0.00
Barry Rasch	31 May 2022	06 Jul 2022	INV-1710	Storage	0.00
Barry Rasch	30 Jun 2022	30 Jul 2022	INV-1822	Storage	0.00
Barry Rasch	31 Jul 2022	31 Aug 2022	INV-1874	Storage	0.00
Barry Rasch	31 Dec 2024	31 Dec 2024	INV-3529	Storage	0.00
Barry Rasch	06 Jan 2025	16 Jan 2025	INV-3511	Storage	0.00
Barry Rasch	03 Feb 2025	13 Feb 2025	INV-3576	Storage	0.00
Barry Rasch	04 Mar 2025	14 Mar 2025	INV-3622	Storage	0.00
Barry Rasch	01 Apr 2025	10 Apr 2025	INV-3636	Storage	0.00
Cardona Farms	01 Jul 2024	10 Aug 2024	INV-3355	Delivery	0.00
Cardona Farms	01 Aug 2024	10 Sep 2024	INV-3381	Delivery	0.00
Cardona Farms	01 Sep 2024	10 Oct 2024	INV-3411	Delivery	0.00
Cardona Farms	01 Oct 2024	10 Nov 2024	INV-3443	Delivery	0.00
Cardona Farms	01 Nov 2024	10 Dec 2024	INV-3465	Delivery	0.00
Cardona Farms	01 Dec 2024	10 Jan 2025	INV-3490	Delivery	0.00
Cardona Farms	01 Jan 2025	10 Feb 2025	INV-3504	Delivery	0.00
Cheyne Ogilvie Farms Ltd	26 Oct 2022	06 Nov 2022	INV-2099	Delivery Deposit	0.00
Cheyne Ogilvie Farms Ltd	04 Nov 2022	14 Nov 2022	INV-2121	Final Delivery	0.00
Cornucopia Farms LLC	06 Jan 2025	13 Jan 2025	INV-3514	Storage	0.00
Cornucopia Farms LLC	03 Feb 2025	13 Feb 2025	INV-3578	Storage	0.00
CPEN	06 Jan 2025	13 Jan 2025	INV-3516	Storage	0.00
CPEN	03 Feb 2025	13 Feb 2025	INV-3580	Storage	0.00
CPEN	04 Mar 2025	14 Mar 2025	INV-3618	Storage	0.00
CPEN	01 Apr 2025	10 Apr 2025	INV-3638	Storage	0.00
Fox Run Developers Limited	10 May 2022	10 Jun 2022	INV-1619	Storage	0.00
Greenhill Farm LLC.	10 Jun 2022	20 Jun 2022	INV-1727	Delivery Deposit	0.00
Greenhill Farm LLC.	30 Jun 2022	10 Jul 2022	INV-1789	Final Delivery	0.00
La Sierra University	20 Apr 2025	25 Apr 2025	INV-3649	April 2025 Extended Warranty	150.00
Lettuce Sustain Us LLC.	01 Apr 2025	10 Apr 2025	INV-3635	Storage	0.00
Mashantucket Pequot Tribal Nation / Foxwoods Resort Cas	21 Nov 2024	01 Dec 2024	INV-3488	Delivery Deposit	0.00
Mashantucket Pequot Tribal Nation / Foxwoods Resort Cas	19 Dec 2024	29 Dec 2024	INV-3500	Final Delivery	0.00
Ogtay Gasimzada	27 Dec 2022	07 Jan 2023	INV-2273	Delivery Deposit	0.00
Ogtay Gasimzada	18 Jan 2023	28 Jan 2023	INV-2319	Delivery Deposit	0.00
Produce Purpose	12 Aug 2024	22 Aug 2024	INV-3394	Final Delivery	0.00
Route 1	25 Jan 2024	15 Feb 2024	INV-3193	Custom Vinyl Wrap	0.00
Route 1	22 Apr 2024	02 May 2024	INV-3271	Final Delivery	0.00

San Antonio Ballet School	15 Aug 2022	25 Aug 2022	INV-1894	Delivery Deposit	0.00
San Antonio Ballet School	06 Sep 2022	16 Sep 2022	INV-1967	Final Delivery	0.00
Tuskegee University	01 Apr 2025	10 Apr 2025	INV-3640	Storage	0.00
University College London	17 Apr 2025	30 Apr 2025	INV-3648	Storage April 2025	300.00
USVI Department of Education c/o McConnell & Jones LLF	30 Sep 2024	31 Dec 2024	INV-3442	100%-1st Deposit	0.00
Watertown Public Schools	01 Apr 2025	10 Apr 2025	INV-3644	Storage	0.00
West End House Boys & Girls Club	04 Mar 2025	14 Mar 2025	INV-3624	Storage	0.00
West End House Boys & Girls Club	01 Apr 2025	10 Apr 2025	INV-3643	Storage	0.00
Total					450.00

Total	450.00
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Percentage of total	0.15%
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1 - 30 Days	31 - 60 Days	61 - 90 Days	Older	Total
0.00	0.00	300.00	0.00	300.00
0.00	300.00	0.00	0.00	300.00
0.00	0.00	0.00	6,155.00	6,155.00
0.00	0.00	0.00	6,155.00	6,155.00
0.00	0.00	0.00	1,345.50	1,345.50
0.00	0.00	0.00	800.00	800.00
0.00	0.00	0.00	200.00	200.00
0.00	0.00	0.00	200.00	200.00
0.00	0.00	0.00	200.00	200.00
0.00	0.00	0.00	2,000.00	2,000.00
0.00	0.00	0.00	200.00	200.00
0.00	0.00	200.00	0.00	200.00
0.00	200.00	0.00	0.00	200.00
200.00	0.00	0.00	0.00	200.00
0.00	0.00	0.00	400.00	400.00
0.00	0.00	0.00	400.00	400.00
0.00	0.00	0.00	400.00	400.00
0.00	0.00	0.00	400.00	400.00
0.00	0.00	0.00	400.00	400.00
0.00	0.00	0.00	400.00	400.00
0.00	0.00	400.00	0.00	400.00
0.00	0.00	0.00	9,500.00	9,500.00
0.00	0.00	0.00	14,880.00	14,880.00
0.00	0.00	0.00	600.00	600.00
0.00	0.00	600.00	0.00	600.00
0.00	0.00	0.00	300.00	300.00
0.00	0.00	300.00	0.00	300.00
0.00	300.00	0.00	0.00	300.00
300.00	0.00	0.00	0.00	300.00
0.00	0.00	0.00	800.00	800.00
0.00	0.00	0.00	1,935.00	1,935.00
0.00	0.00	0.00	2,580.00	2,580.00
0.00	0.00	0.00	0.00	150.00
400.00	0.00	0.00	0.00	400.00
0.00	0.00	0.00	718.80	718.80
0.00	0.00	0.00	990.00	990.00
0.00	0.00	0.00	12,192.00	12,192.00
0.00	0.00	0.00	18,768.00	18,768.00
0.00	0.00	0.00	1,060.00	1,060.00
0.00	0.00	0.00	8,500.00	8,500.00
0.00	0.00	0.00	2,700.00	2,700.00

0.00	0.00	0.00	4,620.00	4,620.00
0.00	0.00	0.00	4,620.00	4,620.00
200.00	0.00	0.00	0.00	200.00
0.00	0.00	0.00	0.00	300.00
0.00	0.00	0.00	184,900.00	184,900.00
300.00	0.00	0.00	0.00	300.00
0.00	300.00	0.00	0.00	300.00
300.00	0.00	0.00	0.00	300.00
1,700.00	1,100.00	1,800.00	289,319.30	294,369.30
1,700.00	1,100.00	1,800.00	289,319.30	294,369.30
0.58%	0.37%	0.61%	98.28%	100.00%

Debtor name **Freight Farms, Inc.**

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) _____

page 1 of 2

Debtor **Freight Farms, Inc.** Case number (if known) _____

Name

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

- ☒ Contingent
- ☒ Unliquidated
- ☐ Disputed

2.3 TVT Capital Source LLC

Creditor's Name

**881 Baxter Drive
STE 100
South Jordan, UT 84095**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

all assets

\$105,000.00

Unknown

Describe the lien

Security Agreement - No recorded UCC or recording at USPTO

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$105,000.00

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name **Freight Farms, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF MASSACHUSETTS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address 4DNXT Capital, LLC 21 Sears Road Brookline, MA 02445 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$0.00
3.2	Nonpriority creditor's name and mailing address 5W Public Relations 299 Park Avenue 10th Floor New York, NY 10171 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$153.00
3.3	Nonpriority creditor's name and mailing address AaronThornton 1 Bethel Valley Road Oak Ridge, TN 37830 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$0.00
3.4	Nonpriority creditor's name and mailing address Accelerated Services Inc. 158-2 Remington Boulevard Ronkonkoma, NY 11779 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$1,075.77

Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.5	Nonpriority creditor's name and mailing address Accutemp Engineering 100 Maple St Bldg B Stoneham, MA 02180 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,150.00
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3.6	Nonpriority creditor's name and mailing address Adam Quinones 40311 16th St W Palmdale, CA 93551 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.7	Nonpriority creditor's name and mailing address Adasha Turner 7510 Olympic Drive Everett, WA 98203 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.8	Nonpriority creditor's name and mailing address Admiral Metals 11 Forbes Road Woburn, MA 01801 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$152.82
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3.9	Nonpriority creditor's name and mailing address AFC Worldwide Express, Inc. PO Box 405939 Atlanta, GA 30384-5939 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,761.99
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3.10	Nonpriority creditor's name and mailing address Agile Education Marketing 700 17th St. Suite 2250 Denver, CO 80202 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.11	Nonpriority creditor's name and mailing address AGRINAM INVESTMENTS, LLC Homero 109, Despacho 1602, Col. Polanco. Mexico Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$502,951.39
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.12	Nonpriority creditor's name and mailing address Agrowtek 173 Ambrogio Dr Ste A Brookfield, WI 53045 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,740.24
3.13	Nonpriority creditor's name and mailing address Aguam, Julia 31 Cunard St Apt 4 Boston, MA 02120-2125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.14	Nonpriority creditor's name and mailing address Ahmed Rafiu Salzmen pvt ltd, 4/3 faamdheyridge, Faamd Maldives Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.15	Nonpriority creditor's name and mailing address Air Distribution Concepts, Inc. 204 Hallberg Street Unit A, B Delavan, WI 53115 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,697.39
3.16	Nonpriority creditor's name and mailing address AjayNagarkatte 224 N. Elm St. Hinsdale, IL 60521 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.17	Nonpriority creditor's name and mailing address AlanaPakkala 1288 ALA MOANA BLVD SUITE 201 HONOLULU, HI 96814 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.18	Nonpriority creditor's name and mailing address AlejandroMadrazo Homero 109. Despacho 1602. Col. Polanco Mexico Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.19	Nonpriority creditor's name and mailing address Alexandra Basquette 9 Saint Peter St Apt 6 Boston, MA 02130 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.20	Nonpriority creditor's name and mailing address AlexandraArmstrong 45 Thundercreek Place Spring, TX 77381 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.21	Nonpriority creditor's name and mailing address Alexandre Allouches Jal el DIB HWY, Beirut VG9G+476 Lebanon Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.22	Nonpriority creditor's name and mailing address AlexSchmittendorf 100 James E Casey Drive Buffalo, NY 14206 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.23	Nonpriority creditor's name and mailing address AlexSchmittendorf 100 James E Casey Drive Buffalo, NY 14206 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.24	Nonpriority creditor's name and mailing address Aliaxis Ventures SA Avenue Arnaud Fraiteur 15-23 1050 Brussels Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.25	Nonpriority creditor's name and mailing address Alkaline Investment Partners 2201 Waukegan Road Suite 175 Bannockburn, IL 60015 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.26	Nonpriority creditor's name and mailing address Allardi,Alexander 5 Mulberry St Attleboro, MA 02703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.27	Nonpriority creditor's name and mailing address AllisonDeHoney 85 Silo City Row Buffalo, NY 14203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.28	Nonpriority creditor's name and mailing address Almeida,Luciana O 202 West Broadway St #2 Boston, MA 02127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.29	Nonpriority creditor's name and mailing address Alternative Manufacturing, Inc. 30B Summer St Winthrop, ME 04364 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72,279.14
3.30	Nonpriority creditor's name and mailing address Alves,Nicole 125 Beale st Apt C Quincy, MA 02170 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.31	Nonpriority creditor's name and mailing address Amanvir Mundra 45 Observatory Lane. Richmond Hill, Onta Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.32	Nonpriority creditor's name and mailing address American Bright Optoelectronics Corp. 13815 Magnolia Avenue Suite C Chino, CA 91710 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,943.08

Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.33	Nonpriority creditor's name and mailing address Amsterdam,Benjamin 90 Wareham St UNIT 216 Boston, MA 02118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.34	Nonpriority creditor's name and mailing address Amy Doklovic 245 Wood Creek Court Chapel Hill, NC 27516 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.35	Nonpriority creditor's name and mailing address Andr s Gonz lez Bonilla PO Box 143466 Arecibo, PR 00614 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.36	Nonpriority creditor's name and mailing address Andraya Yousfi 500 North Laramie Avenue Chicago, IL 60644 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.37	Nonpriority creditor's name and mailing address Andre McFadden 4821 Avenue W Birmingham, AL 35208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.38	Nonpriority creditor's name and mailing address AndreaHoward 105 Allston St. Allston, MA 02134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.39	Nonpriority creditor's name and mailing address Andreas MKogelnik 1143 Webster St Palo Alto, CA 94301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.40	Nonpriority creditor's name and mailing address Andrew Hopkin 618 Grove St Framingham, MA 01701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.41	Nonpriority creditor's name and mailing address Andrew O'Guin 6630 Lee Drive Waterloo, IL 62298 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.42	Nonpriority creditor's name and mailing address Andrew Freitag 4237 regency ct Davenport, IA 52806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.43	Nonpriority creditor's name and mailing address Angel Cabiya PO Box 1752 Ciales, PR 00638 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.44	Nonpriority creditor's name and mailing address Angel J. Padilla Ortiz Bo. Dos Bocas 2 Sect. Miranda Carr. 807 Corozal, PR 00783 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.45	Nonpriority creditor's name and mailing address Angela Costanzo 5250 Fieldston Road Bronx, NY 10471 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.46	Nonpriority creditor's name and mailing address Anmol Mehra 2403 East 14th Street Austin, TX 78702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.47	Nonpriority creditor's name and mailing address AnneEspanan 8200 S. Quebec St A3 119 Centennial, CO 80112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.48	Nonpriority creditor's name and mailing address Annino,Michael 6306 Thompson Farm Bedford, MA 01730 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.49	Nonpriority creditor's name and mailing address AnnMcGlynn PO Box 2332 Davenport, IA 52809 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.50	Nonpriority creditor's name and mailing address AnsonCox 6515 A C Smith Road Dawsonville, GA 30534 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.51	Nonpriority creditor's name and mailing address AnthonyGentile West Side Dining 2nd fl. Stony Brook, NY 11794 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.52	Nonpriority creditor's name and mailing address AnthonyRahe 101 West Carimona Street Wykoff, MN 55990 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.53	Nonpriority creditor's name and mailing address Antunes,Debora Patricia 151 Forest Grove ave Wrentham, MA 02093 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.54	Nonpriority creditor's name and mailing address AracelyNajera 18115 County Road 125 Pearland, TX 77581 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.55	Nonpriority creditor's name and mailing address Arent Fox LLP 1717 K Street, NW P.O. Box 7247 Washington, DC 20006 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$491,942.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.56	Nonpriority creditor's name and mailing address ArjunKumar 9B Wood Street. 5th Floor. Kolkata 70001 India Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.57	Nonpriority creditor's name and mailing address ArthurShavers 39062 E Knieriem Rd Corbett, OR 97019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.58	Nonpriority creditor's name and mailing address ArunYenumula 1649 215th Place Southeast Sammamish, WA 98075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.59	Nonpriority creditor's name and mailing address Arvind,Anagha 75 Main Cir Shrewsbury, MA 01545-3350 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.60	Nonpriority creditor's name and mailing address Asevedo,Gabriel Augusto 68 Broadway, Apt 1 Somerville, MA 02145-3372 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.61	Nonpriority creditor's name and mailing address AshChan 800 East 4th St Los Angeles, CA 90013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.62	Nonpriority creditor's name and mailing address AshishKoshy 3405 Mountain House Road. Willams Lake, Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.63	Nonpriority creditor's name and mailing address Ashley Burris 718 Brook Manor Court O'Fallon, MO 63367 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.64	Nonpriority creditor's name and mailing address Ashton Julian 2035 South Florida Way Fayetteville, AR 72701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.65	Nonpriority creditor's name and mailing address Association of Zoos & Aquariums 8403 Colesville Road STE 710 Silver Spring, MD 20910 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,485.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.66	Nonpriority creditor's name and mailing address Asymmetry Ventures Master Syndicate LLC 8 The Green Suite #13283 Dover, DE 19901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.67	Nonpriority creditor's name and mailing address AugustPeterson 65528 Halvorsen Lane Ione, OR 97843 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.68	Nonpriority creditor's name and mailing address Austin Eriksson 18111 Nordhoff Street Vallera 325 Northridge, CA 91330-8219 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.69	Nonpriority creditor's name and mailing address AutumnJackson 145 Park St. DeFuniak Springs, FL 32435 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.70	Nonpriority creditor's name and mailing address AviadSheinfeld 2675 Independence Ave Glenview, IL 60026 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.71	Nonpriority creditor's name and mailing address Babatunde Adegboyega 410 Old Pennywell Road. St John's, Newfo Canada Date(s) debt was incurred <u>2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$154.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.72	Nonpriority creditor's name and mailing address BabatundeAdegboyega 410 Old Pennywell Road. St John's, Newfo Canada Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.73	Nonpriority creditor's name and mailing address Baker Tilly WM LLP 400 Burrard St. Suite 900. Vancouver, Br Canada Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$50,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.74	Nonpriority creditor's name and mailing address Baker,Derek J 258 Sprague Street Dedham, MA 02026 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.75	Nonpriority creditor's name and mailing address Balaji, Anjuvarshini 34 Jonathan Circle Merrimack, NH 03054 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.76	Nonpriority creditor's name and mailing address BambiDeLaRosa 5140 County Road 177 Celina, TX 75009 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.77	Nonpriority creditor's name and mailing address BARD MANUFACTURING COMPANY, INC. PO BOX 73293-N Cleveland, OH 44193-0814 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$105,290.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.78	Nonpriority creditor's name and mailing address Barnes, Jacy 50 Rutland Sq #1 Boston, MA 02118 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.79	Nonpriority creditor's name and mailing address Barrett, Edward John 1876 Nicole Dr Dresher, PA 19025-1438 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.80	Nonpriority creditor's name and mailing address BarryRasch 4602 52nd St. Thorsby, Alberta T0C 2P0 Canada Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.81	Nonpriority creditor's name and mailing address Basquette, Alexandra 9 Saint Peter St Apt 6 Boston, MA 02130 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.82	Nonpriority creditor's name and mailing address Beas Cheekhooree Industrial Zone. Royal Road. Gros Caillo Mauritius Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.83	Nonpriority creditor's name and mailing address BeckyWills 17501A Francis Harrell Rd Elberta, AL 36530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.84	Nonpriority creditor's name and mailing address Ben Chigier PO Box 540 Portsmouth, NH 03802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.85	Nonpriority creditor's name and mailing address BenjaminDotson 12405 184th St E Puyallup, WA 98374-9135 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.86	Nonpriority creditor's name and mailing address BethzaidaRivera 75 Piedmont Ave NE, Suite 731 Atlanta, GA 30303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.87	Nonpriority creditor's name and mailing address Bigrentz 3333 Michelson Drive Suite 420 Irvine, CA 92612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>rental of forklift</u> <u>returned early - no sum should be du</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.88	Nonpriority creditor's name and mailing address BillBagby 500 South Glover Avenue Urbana, IL 61802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.89	Nonpriority creditor's name and mailing address BlakeTate 14244 Tern Drive Colorado Springs, CO 80921 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.90	Nonpriority creditor's name and mailing address Bliss,Marc 81 Lexington Ave Somerville, MA 02144 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.91	Nonpriority creditor's name and mailing address BLP Cleaning Services Inc 39 Imperial Avenue Leominster, MA 01453 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
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3.92	Nonpriority creditor's name and mailing address BobMartin 605 W Eichel Ave Evansville, IN 47710 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.93	Nonpriority creditor's name and mailing address Botran,Adrian Francisco Gerard 21 Chauncy St, Apt 24 Cambridge, MA 02138-2460 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.94	Nonpriority creditor's name and mailing address Brad Bell 863 Cooke Road. RR#1. Stirling, Ontario Canada Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.95	Nonpriority creditor's name and mailing address Brad McNamara 460 Harrison Ave Apt 403 Boston, MA 02118 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.96	Nonpriority creditor's name and mailing address Brandi Lasure 2511 Lockhart Way. Cold Lake. Alberta T9 Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.97	Nonpriority creditor's name and mailing address Brandly,Matthew 65 Langdon St Apt 6 Cambridge, MA 02138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.98	Nonpriority creditor's name and mailing address BrandonCunningham 7678 Park Ave Lowville, NY 13367 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.99	Nonpriority creditor's name and mailing address Brava Brands LLC 11701 Old Bee Caves Road Ste 215 Austin, TX 78738 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,750.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.100	Nonpriority creditor's name and mailing address BrendanRyan 115 A Street Framingham, MA 01701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.101	Nonpriority creditor's name and mailing address BrentKorte 5401 music lane Lincoln, NE 68516 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.102	Nonpriority creditor's name and mailing address Brett Roberts 191 Arcade Ave Seekonk, MA 02771-5005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.103	Nonpriority creditor's name and mailing address BREX 650 S 500 W Suite 209 Salt Lake City, UT 84101 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$77,921.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.104	Nonpriority creditor's name and mailing address Brian Potts 320 Conant Rd Weston, MA 02493 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.105	Nonpriority creditor's name and mailing address Brian Quick 18 Opal Circle Franklin, MA 02038 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.106	Nonpriority creditor's name and mailing address BrianManhardt 21 Large Mouth Ct Defiance, MO 63341 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.107	Nonpriority creditor's name and mailing address BrianSummer 900 N Stratford Road Winston-Salem, NC 27104 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.108	Nonpriority creditor's name and mailing address BrittanyMoreland 131 Lower Luther Rd Red Lodge, MT 59068 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.109	Nonpriority creditor's name and mailing address BrittonDecker 8720 Bradford Bloomer Rd Bradford, OH 45308 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.110	Nonpriority creditor's name and mailing address BrocSandelin 700 E Butler Ave Doylestown, PA 18901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.111	Nonpriority creditor's name and mailing address BryanFlower 180 West Stadium Dr. Attn: Bryan Flower Dekalb, IL 60115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.112	Nonpriority creditor's name and mailing address BuddyColeman 1740 Ohio Avenue South Live Oak, FL 32064 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.113	Nonpriority creditor's name and mailing address Burton Buffaloe 606 CHAMBERLAIN ST Raleigh, NC 27607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.114	Nonpriority creditor's name and mailing address Byrne,John 1 Blue Slip Apartment 26N Brooklyn, NY 11222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.115	Nonpriority creditor's name and mailing address C/O Doreen Abubakar LLC CPEN Inc. 157 Church St. 19th Floor New Haven, CT 06510 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.116	Nonpriority creditor's name and mailing address Cabrera,Jaeson David 66 W 7th St Boston, MA 02127-2511 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.117	Nonpriority creditor's name and mailing address Cal Poly Pomona ATTN: Kelsey Swayze 3801 W. Temple Avenue Pomona, CA 91768 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.118	Nonpriority creditor's name and mailing address Callie Bush 21 Trotter Drive Medway, MA 02053 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.119	Nonpriority creditor's name and mailing address Calum Barnes 1600 Amphitheatre Parkway Mountain View, CA 94043 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.120	Nonpriority creditor's name and mailing address Cambridge Healthtech Institute 250 First Avenue Suite 300 Needham, MA 02494 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.121	Nonpriority creditor's name and mailing address Carlat, Sophia Melly 9 Old Wharf Rd West Newbury, MA 01985-1434 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.122	Nonpriority creditor's name and mailing address Carl Grebing R strandsgatan 29. Stockholm 13 41 Sweden Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.123	Nonpriority creditor's name and mailing address Carlos J. Ibarrondo Gonzalez Bo. Mirabales Quebrada Las Ca as km 8.4 San Sebastian, PR 00685 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.124	Nonpriority creditor's name and mailing address Carlos Leal Garcia Bo. Carr. 833 km 8.1 Int. Lote 17 Canta Guaynabo, PR 00969 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.125	Nonpriority creditor's name and mailing address Caroline Blanchard 101 Funchess Hall Auburn, AL 36849 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.126	Nonpriority creditor's name and mailing address CarolineBeaton 81 Winter Street Haverhill, MA 01830 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.127	Nonpriority creditor's name and mailing address CAROLYNvan de rostyne 14760 PRATOR STREET Anchorage, AK 99516 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.128	Nonpriority creditor's name and mailing address Carrie Endries 10 Post Office Square Suite N1010 Boston, MA 02109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.129	Nonpriority creditor's name and mailing address Cascio,John-Michael 19 Colby St. Medford, MA 02155 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.130	Nonpriority creditor's name and mailing address Cate Arnold 78 Avenue Louis Pasteur Boston, MA 02115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.131	Nonpriority creditor's name and mailing address CeciliaDel Cid 90 Everett Avenue Suite 10 Chelsea, MA 02150 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.132	Nonpriority creditor's name and mailing address Chad & MelissaKruse 9338 Dahlberg Rd 0 Franktown, CO 80116 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.133	Nonpriority creditor's name and mailing address ChadRandal 40191 Retreat Road. Rockview County, Alb Canada Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.134	Nonpriority creditor's name and mailing address Changzhou Dengyue Polymer Group Co.,ltd No.209 Fumin Road Lucheng Street Wujin D China Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,808.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.135	Nonpriority creditor's name and mailing address Charles Luster 120 Cataract Street Worcester, MA 01602 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.136	Nonpriority creditor's name and mailing address Charter Link Logistics Group 199 Jericho Turnpike Suite 300 Floral Park, NY 11001 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$642.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.137	Nonpriority creditor's name and mailing address CheyneOgilvie 108 North Front Street. Pense, Saskatche Canada Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name	Case number (if known) _____
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3.138	Nonpriority creditor's name and mailing address Childs,Benjamin 140 Rublee St Arlington, MA 02476-5647 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.139	Nonpriority creditor's name and mailing address ChrisMansfield 1999 Burdett Avenue Troy, NY 12180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.140	Nonpriority creditor's name and mailing address ChristianLangevin 3355 Chemin Marlington. Ogden, Quebec J0 Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.141	Nonpriority creditor's name and mailing address ChristinePerme 3209 Menlo Avenue Cincinnati, OH 45208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.142	Nonpriority creditor's name and mailing address Christodoulou,Emilios Charalambos 57 Cotting St Medford, MA 02155-4301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.143	Nonpriority creditor's name and mailing address Christopher Donnelly 20 warren st. Boston, MA 02135 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.144	Nonpriority creditor's name and mailing address ChristopherHart 116 Long Pond Road Plymouth, MA 02360 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.145	Nonpriority creditor's name and mailing address ChristopherHart 232 Beaver Dam Road Plymouth, MA 02360 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.146	Nonpriority creditor's name and mailing address ChristopherPapouras 22800 Fox Ave Euclid, OH 44123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.147	Nonpriority creditor's name and mailing address ChristopherRampone 3 Beauview Drive Chelsea, ME 04330 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.148	Nonpriority creditor's name and mailing address ChristopherRivera 78 Sutton Drive VERNON ROCKVL, CT 06066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.149	Nonpriority creditor's name and mailing address Christy Miller 400 Celebration Place Kissimmee, FL 34747 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.150	Nonpriority creditor's name and mailing address ChristyHalbert 294 Myers Rd Brooksville, FL 34602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.151	Nonpriority creditor's name and mailing address ChrisWard 79 Groton Road Nashua, NH 03062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.152	Nonpriority creditor's name and mailing address Chubb Commercial Insurance PO Box 382001 Pittsburgh, PA 15250 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,549.00
3.153	Nonpriority creditor's name and mailing address CicilyArnsworth 3003 Thanksgiving Way Lehi, UT 84043 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.154	Nonpriority creditor's name and mailing address Cision US Inc. 12051 Indian Creek Court Beltsville, MD 20705 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,940.00
3.155	Nonpriority creditor's name and mailing address Citara Systems 65 Boston Post Road West Ste 350 Marlborough, MA 01752 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,750.00
3.156	Nonpriority creditor's name and mailing address ClaireD'Antonio 19040 Graystone Rd White Hall, MD 21161 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.157	Nonpriority creditor's name and mailing address ClaireMcgale 303 Homestead Ave Holyoke, MA 01040 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.158	Nonpriority creditor's name and mailing address Clarita Sanchez 10209 Fossmoor St. Austin, TX 78717 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.159	Nonpriority creditor's name and mailing address Clark Porter 1539 Thurston Ave Unit D Honolulu, HI 96822 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.160	Nonpriority creditor's name and mailing address Climactiva Group, LLC BOX 366937 San Juan, PR 00936 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$14,480.93 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.161	Nonpriority creditor's name and mailing address CodiWhittaker PO Box 30828. George Town KY1-1204 Grand Cayman Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.162	Nonpriority creditor's name and mailing address Coffin,Austin 548 E Broadway Apt 1 Boston, MA 02127 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.163	Nonpriority creditor's name and mailing address Connexus Manufacturing LLC 312 Main Street Hudson, MA 01749 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.164	Nonpriority creditor's name and mailing address Connor Group Global Services, LLC DEPT 3748 P.O. Box 123748 Dallas, TX 75312-3748 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,214.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.165	Nonpriority creditor's name and mailing address Connor Langridge 1478 North Hill Drive. Swift Current. Sa Canada Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.166	Nonpriority creditor's name and mailing address Connor Stoilov 320 Southgate Drive. Bedford, Nova Scoti Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.167	Nonpriority creditor's name and mailing address ConstanceCollins 217 Northwest 15th Street 0 Miami, FL 33136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.168	Nonpriority creditor's name and mailing address Controller Service & Sales 13 Robbie Road Avon, MA 02322 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$906.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.169	Nonpriority creditor's name and mailing address Convention Management Group Inc 1430 Spring Hill Road 6th Floor McLean, VA 22102 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,700.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.170	Nonpriority creditor's name and mailing address Coombs,Karen 6 Little River Rd Kingston, NH 03848-3116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.171	Nonpriority creditor's name and mailing address Cope,Brian 54 Green St #3 Jamaica Plain, MA 02130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.172	Nonpriority creditor's name and mailing address CorrieCotton Student Development Center Suite 1160 Princess Anne, MD 21853 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.173	Nonpriority creditor's name and mailing address Corwin, Garrett 302 Rainbow Way Durham, NC 27707 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.174	Nonpriority creditor's name and mailing address COURTNEY LAYTON 5764 RONNIE HILL LN Ferndale, WA 98248 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.175	Nonpriority creditor's name and mailing address Coward & Schwartz-Sax 3904 N Druid Hills Rd #366 Decatur, GA 30033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.176	Nonpriority creditor's name and mailing address Cowley, Jacob Thomas 216 Cedar St Apt 3 Somerville, MA 02145 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.177	Nonpriority creditor's name and mailing address Craigvan der Merwe 230-2270 Cliffe Avenue. Courtenay. Briti Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.178	Nonpriority creditor's name and mailing address Crochon, Louise Marie 53 Fort Avenue Unit 1 Roxbury, MA 02119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.179	Nonpriority creditor's name and mailing address Cuddeback, Phillip 305 River Rd Apt. B Eliot, ME 03903 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.180	Nonpriority creditor's name and mailing address Curtis Whittaker 656 Carolina Street Gary, IN 46402 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.181	Nonpriority creditor's name and mailing address Dagres,Ava 78 Merriam St Weston, MA 02493-1319 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.182	Nonpriority creditor's name and mailing address DakotaStaggs 215 Centennial Mall South 200 Lincoln, NE 68508 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.183	Nonpriority creditor's name and mailing address Dan Marino 122 PAUL GORE ST Unit 3 JAMAICA PLAIN, MA 02130 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.184	Nonpriority creditor's name and mailing address DanCornish 11801 La Barzola Bend Austin, TX 78738 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.185	Nonpriority creditor's name and mailing address DanielleAhern 57 River Road Andover, MA 01810 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.186	Nonpriority creditor's name and mailing address DanielThayer 654 Boundary Boulevard Rotonda West, FL 33947 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.187	Nonpriority creditor's name and mailing address DanielWalsh 14127 Leavitt Avenue Dixmoor, IL 60406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.188	Nonpriority creditor's name and mailing address DaphneCook 1234 East Hartman Avenue Omaha, NE 68110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.189	Nonpriority creditor's name and mailing address DarcyThring 072973 Southgate Sideroad 07. Proton Sta Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.190	Nonpriority creditor's name and mailing address DaveRuhl 4200 Cheyenne Mountain Zoo Road Colorado Springs, CO 80906 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.191	Nonpriority creditor's name and mailing address David Mangus 470 Forest Ave Brockton, MA 02301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.192	Nonpriority creditor's name and mailing address David Payne 19250 Stranger Rd Leavenworth, KS 66048 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.193	Nonpriority creditor's name and mailing address David Ridill 14 Orlando Street South Portland, ME 04106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.194	Nonpriority creditor's name and mailing address DavidBuuck 426 Constance Ave Fort Wayne, IN 46805 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.195	Nonpriority creditor's name and mailing address DavidGoodman 1223 Saturn Drive Nashville, TN 37217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.196	Nonpriority creditor's name and mailing address DavidGoodman 610 Glenpark Ct Nashville, TN 37217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.197	Nonpriority creditor's name and mailing address DavidLarsen 7097 South Kline Street Littleton, CO 80127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.198	Nonpriority creditor's name and mailing address DavidLoop 5740 Morton Rd. Springville, NY 14141 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.199	Nonpriority creditor's name and mailing address DavidWofford 50 Chieftain Way Chickasaw, AL 36611 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.200	Nonpriority creditor's name and mailing address Davis,Benjamin John 24A Prentiss Street Apt. 3 Cambridge, MA 02140 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.201	Nonpriority creditor's name and mailing address DB Roberts, Inc. 54 Jonspin Road Wilmington, MA 01887 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$359.17 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.202	Nonpriority creditor's name and mailing address DeanneGoldston 30 Common Street Watertown, MA 02458 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.203	Nonpriority creditor's name and mailing address DeanWatterud 31 Creek CT Santa Rosa Beach, FL 32459 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.204	Nonpriority creditor's name and mailing address Decko Products 45 Maryland Ave E Saint Paul, MN 55117 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,643.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.205	Nonpriority creditor's name and mailing address Degroot,Nicholas Michael 4B Blossom St Leominster, MA 01453-2738 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.206	Nonpriority creditor's name and mailing address DeMarioVitalis 4450 Kessler Boulevard East Drive Indianapolis, IN 46220 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.207	Nonpriority creditor's name and mailing address Demeter Agrimex, LLC Homero 109, Despacho 1602, Col. Polanco. Mexico Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.208	Nonpriority creditor's name and mailing address DemetriusBledsoe 2690 Lindsay Lane Florissant, MO 63031 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.209	Nonpriority creditor's name and mailing address DerekDrake 12056 179th Street Mokena, IL 60448 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.210	Nonpriority creditor's name and mailing address DerekHeim 19 Court Street Second Floor Taunton, MA 02780 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.211	Nonpriority creditor's name and mailing address DerekPanzer 320 St George St 0 London, ON N6A 3B1 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.212	Nonpriority creditor's name and mailing address DerrekHull 902 S Randall Rd. Suite C St. Charles, IL 60174 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.213	Nonpriority creditor's name and mailing address Devaris Strange-Gordon 9751 Carillon Park Drive Windermere, FL 34786 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.214	Nonpriority creditor's name and mailing address DevinDupaix 8521 Leesburg Pike Suite 501 Vienna, VA 22182 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.215	Nonpriority creditor's name and mailing address DexterOdum 1200 W. Montgomery Rd. Tuskegee, AL 36088 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.216	Nonpriority creditor's name and mailing address Digi-Key Electronics 701 Brooks Ave South P.O. Box 677 Thief River Falls, MN 56701-0250 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,055.82 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.217	Nonpriority creditor's name and mailing address Dimanche,Dominic A 32 Ellington Rd Apt 2 Somerville, MA 02144-2543 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.218	Nonpriority creditor's name and mailing address Diminico,Robert Andrew 401 Fisher St Walpole, MA 02081-2203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.219	Nonpriority creditor's name and mailing address DinanyiliPaulino 63 6th St Chelsea, MA 02150 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.220	Nonpriority creditor's name and mailing address Diversified Technologies LLC, dba MCT/RA 2 West Main Street Victor, NY 14564 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$275.06 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.221	Nonpriority creditor's name and mailing address Domingo Melendez Delgado Bo. Botijas 11 Carr.156 km 6.8 Int. Sect Orocovis, PR 00720 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.222	Nonpriority creditor's name and mailing address Dominic Hadeed 10814 NW 33rd Street Suite #115 Miami, FL 33172 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.223	Nonpriority creditor's name and mailing address DomPiccini 2 Research Parkway Wallingford, CT 06492 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.224	Nonpriority creditor's name and mailing address DonaldGriffiths 9366 East Falcon Way Huntsville, UT 84317 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.225	Nonpriority creditor's name and mailing address DonaldSnoke 231 Park Avenue Washington, PA 15301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.226	Nonpriority creditor's name and mailing address DonaldTobul 6311 Cheryl Pl Painesville, OH 44077 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.227	Nonpriority creditor's name and mailing address DonKnoll 11 McIntosh Avenue Clarendon, IL 60515 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.228	Nonpriority creditor's name and mailing address Doshi,Sabrina 14 Tamwood Lane Sewell, NJ 08080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.229	Nonpriority creditor's name and mailing address Dr. ShemuellIsrael 14131 South Dearborn St Riverdale, IL 60827-2227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.230	Nonpriority creditor's name and mailing address DrewSteans 6947 Elmwood Crest Live Oak, TX 78233 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.231	Nonpriority creditor's name and mailing address Dziura,Hannah 30 Hull Street Apt 4 Boston, MA 02113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.232	Nonpriority creditor's name and mailing address EbonyLunsfordEvans 3142 Ashlyn Street Pittsburgh, PA 15204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.233	Nonpriority creditor's name and mailing address EduardoCora 10901 Southwest 24th Street Miami, FL 33165 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.234	Nonpriority creditor's name and mailing address EdwardGrainger 220 Beaverglen Close. Fort McMurray, Alb Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.235	Nonpriority creditor's name and mailing address Edwin Dews 123 Ryan Rd Dummerston, VT 05301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.236	Nonpriority creditor's name and mailing address Effgen,Gretchen 9 Bradford St Boston, MA 02118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.237	Nonpriority creditor's name and mailing address EileenLeffler, Innovation Office, c/o Jo 700 WASHINGTON AVE Albany, NY 12203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.238	Nonpriority creditor's name and mailing address Eisenbud,Ruby 25 Zamora Street Jamaica Plain, MA 02130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.239	Nonpriority creditor's name and mailing address Elden Blume 17207 391st Avenue Redfield, SD 57469 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.240	Nonpriority creditor's name and mailing address Elizabeth Gifford 965 Albany Shaker Rd Latham, NY 12110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.241	Nonpriority creditor's name and mailing address ElizabethCare 2864 Vivian Rd. Stouffville Ontario L3Y Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.242	Nonpriority creditor's name and mailing address EllenFinelli 132 Torrey Road Southbridge, MA 01550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.243	Nonpriority creditor's name and mailing address EllenHeslop 35 Greenwood Crescent. Parry Sound. Onta Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.244	Nonpriority creditor's name and mailing address Emerson Swan 300 Pond Street Randolph, MA 02368 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,216.89
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3.245	Nonpriority creditor's name and mailing address EPRI ATTN: Frank Sharp 942 Corridor Park Blvd. Knoxville, TN 37932 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.246	Nonpriority creditor's name and mailing address EricaYoung 14401 N LINCOLN BLVD SUITE 109 EDMOND, OK 73013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.247	Nonpriority creditor's name and mailing address Erich Ludwig 36 Berkeley St Somerville, MA 02143 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.248	Nonpriority creditor's name and mailing address Ernie Cormier 94 Brigantine Cir Norwell, MA 02061 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.249	Nonpriority creditor's name and mailing address EthanPage 120 Enterprise Blvd Lander, WY 82520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Freight Farms, Inc. Name	Case number (if known) _____
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3.250	Nonpriority creditor's name and mailing address ETM Manufacturing 24 Porter Rd Littleton, MA 01460 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$112,039.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.251	Nonpriority creditor's name and mailing address EvanNabel 50 Columbia Street Watertown, MA 02472 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.252	Nonpriority creditor's name and mailing address Evans,Michael C 45 Bennington St, Apt 1 Quincy, MA 02169-7803 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.253	Nonpriority creditor's name and mailing address EveBrown 100 Gold St Suite 3300 New York, NY 10038 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.254	Nonpriority creditor's name and mailing address Evelsizer,William George 897 Heartland Way Hailey, ID 83333-5007 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.255	Nonpriority creditor's name and mailing address F. W. Webb Company 160 Middlesex Turnpike Bedford, MA 01730 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$264.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.256	Nonpriority creditor's name and mailing address FaithFowler 11745 Rosa Parks Boulevard Detroit, MI 48206 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.257	Nonpriority creditor's name and mailing address Felser, Jacob 80 Ferdinand St Melrose, MA 02176 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.258	Nonpriority creditor's name and mailing address FerdinandBouwman Martha Koosje 17. Willemstad Curacao Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.259	Nonpriority creditor's name and mailing address Ferme Urbaine Polynesienne c/o Teddy Sno BP2167, Punaauia 98703 Tahiti Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.260	Nonpriority creditor's name and mailing address FF Inv. Fund 1885 Mission Street San Francisco, CA 94103 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.261	Nonpriority creditor's name and mailing address Fiagbedzi, Joshua 230 Willard st , Unit # 209 Quincy, MA 02169 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.262	Nonpriority creditor's name and mailing address Fichman, Ryan Harrington 35 Chestnut Hill Ave, Apt 4 Brighton, MA 02135-3200 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.263	Nonpriority creditor's name and mailing address firstPRO, Inc. 125 Summer Street Suite 1640 Boston, MA 02110 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.264	Nonpriority creditor's name and mailing address Fleming JR,James 28 Catamaran St Jamestown, RI 02835-2326 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.265	Nonpriority creditor's name and mailing address Fleming,Darien J 88 Noons Quarry Rd Milford, NH 03055-3445 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.266	Nonpriority creditor's name and mailing address Flores,Haydn 1450 Estates Ave #1208 Charlotte, NC 28209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.267	Nonpriority creditor's name and mailing address Fontanilla,Trish PO BOX 52029 Boston, MA 02205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.268	Nonpriority creditor's name and mailing address Fortin,Katharine Nicole 23 Marshall Road Wellesley, MA 02482 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.269	Nonpriority creditor's name and mailing address Frances-Ann Minors Ixoria Drive Royal Gardens. PO Box W863. Antigua Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.270	Nonpriority creditor's name and mailing address Frederick,Roland 11 Stallbrook Rd Medway, MA 02053 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.271	Nonpriority creditor's name and mailing address FREDERICKCHAVEZ 2399 CORDOVA LN RANCHO CORDOVA, CA 95670 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.272	Nonpriority creditor's name and mailing address FrederickMurphy 95-1200 Meheula Parkway Mililani, HI 96789 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.273	Nonpriority creditor's name and mailing address Freight Farms Investors, LLC 635 Lake Park Drive Coppell, TX 75019 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.274	Nonpriority creditor's name and mailing address Friedman,Jonathan 60 Hermon Street Winthrop, MA 02152 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.275	Nonpriority creditor's name and mailing address Futufarm Ab Box 7110, HALMSTAD 30007 Sweden Date(s) debt was incurred <u>2025</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$19,460.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.276	Nonpriority creditor's name and mailing address gabrielgarcia 1500 North 3rd Street Grants, NM 87020 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.277	Nonpriority creditor's name and mailing address GailTaylor Gower St. London WC1E 6BT England Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.278	Nonpriority creditor's name and mailing address GailTaylor Gower St. London WC1E 6BT England Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.279	Nonpriority creditor's name and mailing address Ganshirt,William 530A Tremont St #R3 Boston, MA 02116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.280	Nonpriority creditor's name and mailing address Garry,Robert Thomas A. 316 E 77th Street, Apartment 2A New York, NY 10075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.281	Nonpriority creditor's name and mailing address GaryDavis 5577 Little Applegate Rd Jacksonville, OR 97530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.282	Nonpriority creditor's name and mailing address Gebbia,Jonathan Lee 96 Queen Anne Rd, Apt 503 Harwich, MA 02645-2461 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.283	Nonpriority creditor's name and mailing address GeoffBezuidenhout 6946 W HAUSMAN RD San Antonio, TX 78249 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.284	Nonpriority creditor's name and mailing address GeoffreyJans 4215 Vallenar Ln KETCHIKAN, AK 99901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.285	Nonpriority creditor's name and mailing address Gerardo Mena-Carrion Bo. Boquilla Carr. 685 km 4.9 Int. Sect. Manati, PR 00674 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.286	Nonpriority creditor's name and mailing address Gideon Saunders 3384 Antone Way Kodiak, AK 99615 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.287	Nonpriority creditor's name and mailing address GillFinley 400 East Main St. Frankfort, KY 40601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.288	Nonpriority creditor's name and mailing address GlennPhiefer 907 Winding Way Newton, NJ 07860 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.289	Nonpriority creditor's name and mailing address Global Industrial 29833 Network Place Chicago, IL 60673-1298 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$816.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.290	Nonpriority creditor's name and mailing address Gong.io Inc PO Box 102866 Pasadena, CA 91189 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,962.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.291	Nonpriority creditor's name and mailing address GrahamCasden 5093 Flagstaff Rd Boulder, CO 80302 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name	Case number (if known) _____
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3.292	Nonpriority creditor's name and mailing address Grainger 160 Broadway Everett, MA 02149 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,616.69
3.293	Nonpriority creditor's name and mailing address Grant Anderson 214 Golf Club Drive Metter, GA 30439 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.294	Nonpriority creditor's name and mailing address Grant, Samuel 122 Chestnut St #1 Waltham, MA 02453 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.295	Nonpriority creditor's name and mailing address Greg Nitzkowski 7 Third Street Bucksport, ME 04416 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.296	Nonpriority creditor's name and mailing address Griffith, Stephen Bradley 10527 Tobias Ln Frisco, TX 75033-0151 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.297	Nonpriority creditor's name and mailing address Griffith, Wayne Lindsay 50 E Transit St Unit 3 Providence, RI 02906-3821 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.298	Nonpriority creditor's name and mailing address Hamilton Horne 835 Godber Street Charleston, SC 29412 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.299	Nonpriority creditor's name and mailing address Handley,Michael 3 Mary Jane Road Franklin, MA 02038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.300	Nonpriority creditor's name and mailing address Harrington Industrial Plastics LLC Po Box 676273 Dallas, TX 75267 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,796.33
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3.301	Nonpriority creditor's name and mailing address Harris,David 23 Ossipee Road Apt 2 SOMERVILLE, MA 02144 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.302	Nonpriority creditor's name and mailing address HarrisonPritchard 16 Dagmar road. Windsor SL4 1JL England Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.303	Nonpriority creditor's name and mailing address Hayes,Bryan 5 N Margin St. Unit 4 Boston, MA 02113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.304	Nonpriority creditor's name and mailing address HeatherDavis 5505 Chuckey Pike Chuckey, TN 37641 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.305	Nonpriority creditor's name and mailing address HeatherSproule 1641 Mt Begbie Rd. Revelstoke, British C Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.306	Nonpriority creditor's name and mailing address HeatherSzymura 3041 N 31st Ave. Phoenix, AZ 85017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.307	Nonpriority creditor's name and mailing address HectorPomales Jorge Manrique 2046 El Se orial San Juan, PR 00926 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.308	Nonpriority creditor's name and mailing address Hefei WNK Smart Technology Co. Ltd. 5F, Bldg 2A, Mingzhu Industrial Park, 10 China Date(s) debt was incurred <u>2025</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$310.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.309	Nonpriority creditor's name and mailing address Heidi Grunt 73950 Inn Ave 29 Palms, CA 92277 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.310	Nonpriority creditor's name and mailing address Heil,Emma 75 Decatur St. Unit 2 Arlington, MA 02474 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.311	Nonpriority creditor's name and mailing address HenriVilleneuve BP 4736. Dumbea 98839 New Caledonia Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.312	Nonpriority creditor's name and mailing address Hereford,Jacob PO Box 2012 Laredo, TX 78044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.313	Nonpriority creditor's name and mailing address Hernandez,Hector 38 Hyde Park Ave Boston, MA 02130-4175 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.314	Nonpriority creditor's name and mailing address Hettich 4295 Hamilton Mill Road Suite 400 Buford, GA 30518 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,908.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.315	Nonpriority creditor's name and mailing address Hinckley Allen & Snyder 28 State Street Boston, MA 02109-1775 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,300.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.316	Nonpriority creditor's name and mailing address Holmes,meaghan E 222 Charge Pond Rd Wareham, MA 02571-1115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.317	Nonpriority creditor's name and mailing address Howard Wolk 400 Rivers Edge Drive Medford, MA 02155 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.318	Nonpriority creditor's name and mailing address Hughes,Kirsten Brandsma 278 Central St South Weymouth, MA 02190-2810 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.319	Nonpriority creditor's name and mailing address Hughes,Peter Michael 164 Beech St Roslindale, MA 02131-2706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.320	Nonpriority creditor's name and mailing address Hunt,Matthew 117 Elm St Somerville, MA 02144 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.321	Nonpriority creditor's name and mailing address Hydrofarm LLC PO BOX 102326 Pasadena, CA 91189-2326 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$28,773.71 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.322	Nonpriority creditor's name and mailing address IanSerrao ETeck Tamana In Tech Park. Vistabella, S Trinidad and Tobago Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.323	Nonpriority creditor's name and mailing address ICR LLC 761 Main Ave Norwalk, CT 06851 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$96,131.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.324	Nonpriority creditor's name and mailing address Igoe,Vanessa Mikayla 4 Northey St. Apt 2 Salem, MA 01970 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.325	Nonpriority creditor's name and mailing address Intransit Container 241 Francis Avenue Mansfield, MA 02048 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,762.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.326	Nonpriority creditor's name and mailing address IsaacHorton 513 Branch Street Raleigh, NC 27601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.327	Nonpriority creditor's name and mailing address Itrato, Christina Marie 77 Wildcrest Ave Billerica, MA 01821-6101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.328	Nonpriority creditor's name and mailing address Ivan Garcia Besada Estrada Fragosi o, 32, Nave 2. Vigo 3621 Spain Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.329	Nonpriority creditor's name and mailing address Jacob Stanton 650 Maryville University Dr Town and Country, MO 63141 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.330	Nonpriority creditor's name and mailing address Jackie Mula 63 Leyden St Unit 1 East Boston, MA 02128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.331	Nonpriority creditor's name and mailing address Jackie Peeler Museum Of Science Driveway Boston, MA 02114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.332	Nonpriority creditor's name and mailing address Jack Lau 502 W 58th Ave Unit C Anchorage, AK 99518 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.333	Nonpriority creditor's name and mailing address Jack Levine 86 Shaw Road Chestnut Hill, MA 02467 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.334	Nonpriority creditor's name and mailing address JackMorey Jr 35 Glacier Rd Cora, WY 82925 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.335	Nonpriority creditor's name and mailing address JackRothman 3410 Park Avenue Oceanside, NY 11572 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.336	Nonpriority creditor's name and mailing address Jacque Colemere 1166 Fox Meadow Lane Alpine, UT 84004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.337	Nonpriority creditor's name and mailing address JacquelineScala 612 North Oakley Boulevard, 107 107 Chicago, IL 60612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.338	Nonpriority creditor's name and mailing address Jaggit Khairah 23 du Point Circle Sugar Land, TX 77479 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.339	Nonpriority creditor's name and mailing address JaimeZaret 17911 218TH AVE NE Woodinville, WA 98077 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.340	Nonpriority creditor's name and mailing address James Woolard 256 Hillcrest Rd Needham, MA 02492 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.341	Nonpriority creditor's name and mailing address JamesHearsum 900 Washington St Wellesley, MA 02482 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.342	Nonpriority creditor's name and mailing address JamesPaul 184 N Genesee St Suite 111 Utica, NY 13502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.343	Nonpriority creditor's name and mailing address JamesPurcell 161 Rosa L Parks Blvd Nashville, TN 37203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.344	Nonpriority creditor's name and mailing address JamesWalker 4260 N 4800 W Corinne, UT 84307 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.345	Nonpriority creditor's name and mailing address JamieAllen 535 Chalan Pale Haya Ramon. Suite 116. Y Guam Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.346	Nonpriority creditor's name and mailing address JamieAnderson Lydian Holdings BC Inc, UNIT 5, 9452 193 Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.347	Nonpriority creditor's name and mailing address JaneenMays 4659 South Drexel Boulevard apt 506 Chicago, IL 60653 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.348	Nonpriority creditor's name and mailing address JanetSweeney 425 HAMILTON ST SCHENECTADY, NY 12305-2608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.349	Nonpriority creditor's name and mailing address JaredRector 128 N 13TH STREET, #1100 Lincoln, NE 68508 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.350	Nonpriority creditor's name and mailing address Jason Billue 2075 Green Pond Rd Aiken, SC 29803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.351	Nonpriority creditor's name and mailing address JasonGavin 6942 King Abdulaziz Rd. Office 402, 4th Saudi Arabia Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.352	Nonpriority creditor's name and mailing address JasonYeagle 1050 Westminster Street Fitchburg, MA 01420 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.353	Nonpriority creditor's name and mailing address JasSchatz 6 Chelsea Terrace Boston, MA 02128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.354	Nonpriority creditor's name and mailing address Jean Hammond 104 Spruce St Watertown, MA 02472 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.355	Nonpriority creditor's name and mailing address Jean-Luc Boussard 83 Av. de la Grande Arm e. Paris 75016 France Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.356	Nonpriority creditor's name and mailing address JeanBreton 200 chemin Champagne. St-Michel-des-Sain Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.357	Nonpriority creditor's name and mailing address Jeff Vittone 1696 White House Rd. Moneta, VA 24121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.358	Nonpriority creditor's name and mailing address JeffFranklin 115 Valmar Street North Harrison Street Little Rock, AR 72205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.359	Nonpriority creditor's name and mailing address JenniferBinkley 333 Cate Center Drive Norman, OK 73072 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.360	Nonpriority creditor's name and mailing address JenniferBinkley 600 Parrington Oval Norman, OK 73019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.361	Nonpriority creditor's name and mailing address JenniferStals 11533 133rd Street. Edmonton t5m1h3 Alberta Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.362	Nonpriority creditor's name and mailing address JennyAustin 4715 South Ferncreek Avenue 0 Orlando, FL 32806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.363	Nonpriority creditor's name and mailing address Jeremy Guay 1 Blue Pride Way Attleboro, MA 02703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.364	Nonpriority creditor's name and mailing address jeremywhipple 550 Trolley Line Boulevard Ledyard, CT 06338 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.365	Nonpriority creditor's name and mailing address JesseGrothe 5412 Bryant Ave S Minneapolis, MN 55419 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.366	Nonpriority creditor's name and mailing address JessicaFung 1201-6188 Wilson Avenue. Burnaby, Britis Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.367	Nonpriority creditor's name and mailing address JessicaGainer 17410 W Lance Hill Rd. Cheney, WA 99004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.368	Nonpriority creditor's name and mailing address Jill Herrin 251 N 1st St Jacksonville, AR 72076 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name	Case number (if known) _____
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3.369	Nonpriority creditor's name and mailing address JillFrey 3495 Monterey Hills Dr NE Grand Rapids, MI 49525 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.370	Nonpriority creditor's name and mailing address Jim Kuipers 10920 Calumet Avenue Dyer, IN 46311 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.371	Nonpriority creditor's name and mailing address JimGracie 43 Hudson St Northborough, MA 01532 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.372	Nonpriority creditor's name and mailing address JimMiller 300 Ash Street Central Point, OR 97502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.373	Nonpriority creditor's name and mailing address jimziesler 1079 Kott Road Fredericksburg, TX 78624 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.374	Nonpriority creditor's name and mailing address JoannePurdy 3633 Old US 231 South 0 Lafayette, IN 47909 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.375	Nonpriority creditor's name and mailing address JoeBlunda 218 South Street Unit 18 Waltham, MA 02453 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.376	Nonpriority creditor's name and mailing address John Adams 32540 S Biosphere Rd Oracle, AZ 85623 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.377	Nonpriority creditor's name and mailing address John Gordon 9301 East 147th St Kansas City, MO 64149 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.378	Nonpriority creditor's name and mailing address JOHN RFERGUSON 306 Leyland Rd 0 Statesboro, GA 30458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.379	Nonpriority creditor's name and mailing address John Skarvelis 3377 Danmark Dr Glenwood, MD 21738 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.380	Nonpriority creditor's name and mailing address John Wood 21862 Michigan Lane Lake Forest, CA 92630-2408 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.381	Nonpriority creditor's name and mailing address John Wood 21862 Michigan Lane Lake Forest, CA 92630-2408 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$538,333.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.382	Nonpriority creditor's name and mailing address John Worsley P.O. Box 3282. Nipawin, Saskatchewan S0 Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.383	Nonpriority creditor's name and mailing address JohnCannon 5897 Bluff Ledge Road Sturgeon Bay, WI 54235 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.384	Nonpriority creditor's name and mailing address JohnFox 645 Hillman Drive Winchester, VA 22601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.385	Nonpriority creditor's name and mailing address JohnGraves 31 Brooks Drive Braintree, MA 02184 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.386	Nonpriority creditor's name and mailing address JohnHarper 1231 Bayshore Drive 0 Terra Ceia, FL 34250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.387	Nonpriority creditor's name and mailing address Johnson,Colby Michael 739 Cohas Avenue Manchester, NH 03109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.388	Nonpriority creditor's name and mailing address johnsquires 796 main road po box 4120 westport, MA 02790 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.389	Nonpriority creditor's name and mailing address JohnSt Onge 77 Willson Street Salem, MA 01970 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.390	Nonpriority creditor's name and mailing address JohnSticha 130 Moss Dr DeBary, FL 32713 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.391	Nonpriority creditor's name and mailing address JohnTurner 1029 Overstreet Lane Leander, TX 78641 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.392	Nonpriority creditor's name and mailing address Jonathan Friedman 60 Hermon Street Winthrop, MA 02152 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.393	Nonpriority creditor's name and mailing address Jonathan Payson 27 Harbor Street Manchester, MA 01944 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.394	Nonpriority creditor's name and mailing address Jonathan Rios V zquez HC 03 Box 33519 Hatillo, PR 00659 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.395	Nonpriority creditor's name and mailing address JONATHANSHAW 16345 Old York Rd. Monkton, MD 21111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.396	Nonpriority creditor's name and mailing address JonnyMetropoulos 628 Logan Street Helena, MT 59601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.397	Nonpriority creditor's name and mailing address JordanHaaland 2 Lakeview Crescent. Lakeview Beach, Sas Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.398	Nonpriority creditor's name and mailing address Jorge Luis Berrios Marrero Carr 818 km 3.3 Int. Bo. Cibuco Corozal, PR 00783 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.399	Nonpriority creditor's name and mailing address Jose Alvarado Ramos 303 Calle Domingo Colon Aibonito, PR 00705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.400	Nonpriority creditor's name and mailing address JosephCherepowich 9 Clouds Way Rehoboth, MA 02769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.401	Nonpriority creditor's name and mailing address JosephConrad 708 Felicidad Lane Taos, NM 87571 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.402	Nonpriority creditor's name and mailing address Josephcooney 50 Condor street East Boston, MA 02128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.403	Nonpriority creditor's name and mailing address JosephGrisafi 2110 Horseshoe Rd Lancaster, PA 17601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.404	Nonpriority creditor's name and mailing address JoshBaird 323 Callahan Street Muskogee, OK 74403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.405	Nonpriority creditor's name and mailing address JoshSmith 4176 Manchester Avenue St. Louis, MO 63110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.406	Nonpriority creditor's name and mailing address Joyce,Patrick L 76 Downer Ave Unit 1 Dorchester, MA 02125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.407	Nonpriority creditor's name and mailing address Judkins Blount 405 Cloverdale Road Montgomery, AL 36107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.408	Nonpriority creditor's name and mailing address Julia Favorito 333 Winter St Weston, MA 02493 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.409	Nonpriority creditor's name and mailing address Julia Favorito 103 Norfolk St. Apt 3 Cambridge, MA 02139 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.410	Nonpriority creditor's name and mailing address Julian Jacobs 932 Seigle Avenue Charlotte, NC 28205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.411	Nonpriority creditor's name and mailing address Julianne Kloza 57 Bartlett St Somerville, MA 02145 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.412	Nonpriority creditor's name and mailing address JulieHickman 625 Agriculture Mall Drive West Lafayette, IN 47907 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.413	Nonpriority creditor's name and mailing address JumpolVorasayan 50 Ngamwongwan Rd. Krung Thep Maha Nakho Thailand Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.414	Nonpriority creditor's name and mailing address Justin Staples 5105 Peachtree Industrial Blvd Building B Atlanta, GA 30341 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.415	Nonpriority creditor's name and mailing address Kai Hiemstra PO Box 92. Maitland B0N 1T0 Nova Scotia Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.416	Nonpriority creditor's name and mailing address KaiStoudemire 435 Haltiwanger Road 3 Greenwood, SC 29649 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.417	Nonpriority creditor's name and mailing address Kalow Technologies 155 Seward Road Rutland, VT 05701 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$437,305.66 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.418	Nonpriority creditor's name and mailing address Kalyn Gutormson 46828 201st St Bruce, SD 57220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.419	Nonpriority creditor's name and mailing address Karamvir Kumar 2 Middleton Mansions, 9/1 Middleton Stre India Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.420	Nonpriority creditor's name and mailing address KarenGood PO BOX 142, Kapaau, HI 96755 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.421	Nonpriority creditor's name and mailing address KariFarkas-Lasich 1401 Presque Isle Ave MARquette, MI 49855 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.422	Nonpriority creditor's name and mailing address Karl Buttner 118 Peakham Rd Sudbury, MA 01776 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.423	Nonpriority creditor's name and mailing address KasanChavanapanit 10 Yak 11 Phet Kasem 69 Lak 2. Bangkok T Thailand Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.424	Nonpriority creditor's name and mailing address KatelynWillyerd 110 Fort Cherry Road McDonald, PA 15057 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.425	Nonpriority creditor's name and mailing address Kathryn Nash 1407 Main Street Bastrop, TX 78602 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.426	Nonpriority creditor's name and mailing address Katie Powell 1142 SW Keats Ave Palm City, FL 34990 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.427	Nonpriority creditor's name and mailing address KatieSalsbury 6616 Cattle Creek Rd Victor, ID 83455 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.428	Nonpriority creditor's name and mailing address KatlynFoy 946 Penny Branch Rd Warsaw, NC 28398 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.429	Nonpriority creditor's name and mailing address Katsiroubas,Caroline 2805 Brightwood Avenue Nashville, TN 37212-5820 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.430	Nonpriority creditor's name and mailing address Katz,James Robert 2880 Hancock Hwy Equinunk, PA 18417-3003 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.431	Nonpriority creditor's name and mailing address Keith Cohen 449 Lowell Ave #9 Newtonville, MA 02460 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.432	Nonpriority creditor's name and mailing address Keith Cohen 449 Lowell Ave #9 Newtonville, MA 02460 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.433	Nonpriority creditor's name and mailing address KeithBoyle 476 Webster St. Hanover, MA 02339 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.434	Nonpriority creditor's name and mailing address KeithKonyk 1000 Weigles Hill Rd Elizabeth, PA 15037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.435	Nonpriority creditor's name and mailing address KeithTucker 1213 SW 330th PI Federal Way, WA 98023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.436	Nonpriority creditor's name and mailing address Kelly,Alissa 33 Dogwood Ln Medway, MA 02053-2177 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.437	Nonpriority creditor's name and mailing address Kelly,John J 44 Bruin Hill Rd. North Andover, MA 01845 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.438	Nonpriority creditor's name and mailing address KennethTownsend 20 Junior Street WEST WARWICK, RI 02893-4501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.439	Nonpriority creditor's name and mailing address KenyonChristen 1389 East Aviator Avenue Eagle Mountain, UT 84005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.440	Nonpriority creditor's name and mailing address KenZhou PO Box 1021. Victoria, Mahe vic1021 Seychelles Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.441	Nonpriority creditor's name and mailing address Kevin Jones 121 West Street Whitesboro, NY 13492 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.442	Nonpriority creditor's name and mailing address KevinGoggins 17 Thoroughbred Way Clifton park, NY 12065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.443	Nonpriority creditor's name and mailing address KevinHolt 1117 US Route 130 Robbinsville, NJ 08691 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.444	Nonpriority creditor's name and mailing address KevinPetermann 207 FM 473 Comfort, TX 78013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.445	Nonpriority creditor's name and mailing address KhadilaJoseph 1834 Kongens Gade St. Thomas, VI 00802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.446	Nonpriority creditor's name and mailing address Kimberly and Jeff Kushner 61 Spruce Run Drive Brewster, MA 02631 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.447	Nonpriority creditor's name and mailing address KimberlyGreen 214 Lake Ave. Rochester, NY 14608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.448	Nonpriority creditor's name and mailing address KimO'byrne 204 Hill Street Hatch, NM 87937 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.449	Nonpriority creditor's name and mailing address Kloza,Julianne 57 Bartlett St Apartment 2 Somerville, MA 02145 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.450	Nonpriority creditor's name and mailing address Koch,Samantha 1 Shelton Rd Flemington, NJ 08822 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.451	Nonpriority creditor's name and mailing address Kolb,Darian Jean 9 Revere St, Apt 3 Boston, MA 02114-3803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.452	Nonpriority creditor's name and mailing address Kollarova,Alexandra 50 Bridge St 419 Brooklyn, NY 11201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.453	Nonpriority creditor's name and mailing address KortniWroten 382 Plantation Street Worcester, MA 01605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.454	Nonpriority creditor's name and mailing address KristyAndrew PO Box 364 Cordova, AK 99574 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.455	Nonpriority creditor's name and mailing address KurtVandewetering 21 Beach Way Baiting Hollow, NY 11933 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.456	Nonpriority creditor's name and mailing address KyleWagner Gold and Diamond Park. Office 213, Build Dubai Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.457	Nonpriority creditor's name and mailing address KyraMoore 5171 South Dakota Ave NE Washington, DC 20017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.458	Nonpriority creditor's name and mailing address La Vonne Richardson 677 Ala Moana Blvd Ste 907 Honolulu, HI 96813 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.459	Nonpriority creditor's name and mailing address LairdSanders II 2300 East Lake Mead Parkway Henderson, NV 89015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.460	Nonpriority creditor's name and mailing address LakiLefkatis 6 Mesolongiou Street. Konia 8300 Cyprus Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.461	Nonpriority creditor's name and mailing address LandonCohen 407 Crawford Road Modesto, CA 95350 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.462	Nonpriority creditor's name and mailing address LaNeseMahan 2667 Hylton Rd. Springdale, AR 72764 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.463	Nonpriority creditor's name and mailing address Lapham,Nicholas H 691 east 8th street Apt 2 South Boston, MA 02127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.464	Nonpriority creditor's name and mailing address LaraGay 300 Belmont Street Saginaw, TX 76179 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.465	Nonpriority creditor's name and mailing address Larson,Emelia Grace 204 W Horah St Salisbury, NC 28144-4951 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.466	Nonpriority creditor's name and mailing address Latham & Watkins LLP 555 WEST 5TH STREET Suite 300 Los Angeles, CA 90013-1010 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$441,953.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name	Case number (if known) _____
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3.467	Nonpriority creditor's name and mailing address Lauren Richman 204 Grove Street Newton, MA 02466 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.468	Nonpriority creditor's name and mailing address Lauren Jones 3625 Southern Avenue Shreveport, LA 71104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.469	Nonpriority creditor's name and mailing address Lauriat, Jeremiah Davis 3 Temple Ct Goffstown, NH 03045 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.470	Nonpriority creditor's name and mailing address Lawson & Weitzen 88 Black Falcon Avenue Sui345 Boston, MA 02210 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.471	Nonpriority creditor's name and mailing address Leana Wathey Wellfare Road 88. Colebay 32835 0 Saint Maarten Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.472	Nonpriority creditor's name and mailing address Lee Alegre 1734 Dreydon Avenue Cambria, CA 93428 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.473	Nonpriority creditor's name and mailing address Lee Vetsch 624 2nd Ave N Unit 313 Fargo, ND 58102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.474	Nonpriority creditor's name and mailing address Leland Barkes 3079 East Rivernest Drive Boise, ID 83706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.475	Nonpriority creditor's name and mailing address Lexington Capital SAP de CV Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$21,222.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.476	Nonpriority creditor's name and mailing address Lexington Capital, S.A.P.I. de C.V Homero 109, Despacho 1602, Col. Polanco. Mexico Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$604,317.13 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.477	Nonpriority creditor's name and mailing address Liberty,Nathan Joshua 16 Rowe Street Milton, MA 02186 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.478	Nonpriority creditor's name and mailing address LindaRussell 104 Fannin St Holland, TX 76534 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.479	Nonpriority creditor's name and mailing address Lipari,Joseph Daniel 4 Dean Way South Boston, MA 02127-2361 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.480	Nonpriority creditor's name and mailing address Lisa Azevedo 16703 South Clark Ave Bellflower, CA 90706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.481	Nonpriority creditor's name and mailing address LisaWelch 202 South Highway 123 Suite E Ozark, AL 36360 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.482	Nonpriority creditor's name and mailing address Live Oak Solutions 32 Homer Avenue Buffalo, NY 14216 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.483	Nonpriority creditor's name and mailing address LizDupont-Diehl 183 Windsor Ave Windsor, CT 06095 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.484	Nonpriority creditor's name and mailing address LizStanton 3538 Waialae Ave Honolulu, HI 96816 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.485	Nonpriority creditor's name and mailing address Locke,Alexander Woodward 3643 S Emily St San Pedro, CA 90731 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.486	Nonpriority creditor's name and mailing address LoganMorrow 650 Forward Drive Madison, WI 53711 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.487	Nonpriority creditor's name and mailing address Logos Partners, LLC 5053 Blue Heron Way Boca Raton, FL 33431 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.488	Nonpriority creditor's name and mailing address Logue, Jacob L 36 Prospect St, Apt 1 Athol, MA 01331-2355 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.489	Nonpriority creditor's name and mailing address Lucas, Dana 404 Clinton Rd Brookline, MA 02445 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.490	Nonpriority creditor's name and mailing address Lucy McQuilken 124 Bolton Road Harvard, MA 01451 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.491	Nonpriority creditor's name and mailing address Ludwig, Erich 36 Berkeley Street Somerville, MA 02143 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.492	Nonpriority creditor's name and mailing address Lukas Doman 90 Windsor Street. Corner Brook. Newfoun Canada Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.493	Nonpriority creditor's name and mailing address Lukoff, Justin 68 Foster St, Apt 3 Brighton, MA 02135 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.494	Nonpriority creditor's name and mailing address Lynn Rainville 285 Old Westport Rd. North Dartmouth, MA 02747 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.495	Nonpriority creditor's name and mailing address MadelineRaynolds 740 Sessions Meadow 0 Woodstock, VT 05091 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.496	Nonpriority creditor's name and mailing address MagnusLeydner Kemistv gen 2A. T by 183 79 Sweden Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.497	Nonpriority creditor's name and mailing address MagnusMagnusson 3 Geilin. Kv v k 340 Faroe Islands Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.498	Nonpriority creditor's name and mailing address Maquia Capital Family Office, LLC 2 S Biscayne Boulevard Suite Suite 3200 Miami, FL 33131 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.499	Nonpriority creditor's name and mailing address MarcusCarpenter 6458 Larkspur Ct Corcoran, MN 55340 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.500	Nonpriority creditor's name and mailing address MarcusHouser 310 17th St Arnold, PA 15068 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.501	Nonpriority creditor's name and mailing address Marie Berrios Martinez Calle Topacio # 96 Espinosa Dorado, PR 00646 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.502	Nonpriority creditor's name and mailing address Marino, Daniel 122 Paul Gore St Apt 3 Jamaica Plain, MA 02130 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.503	Nonpriority creditor's name and mailing address Mark Ludley 5 Craig Lane Hingham, MA 02043 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.504	Nonpriority creditor's name and mailing address Mark Murphy 486 Chandler St. Worcester, MA 01602 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.505	Nonpriority creditor's name and mailing address Marks, Emma 21 Cornelius Way Apt. E Cambridge, MA 02141 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.506	Nonpriority creditor's name and mailing address Mark Soto 64 North Church Street. George Town KY1 Grand Cayman Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.507	Nonpriority creditor's name and mailing address Marquez, Elijah Edward 55 Mechanic St Fitchburg, MA 01420-3598 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.508	Nonpriority creditor's name and mailing address Martin Konechne 44973 234th St Madison, SD 57042 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.509	Nonpriority creditor's name and mailing address Martin,Amy 3 Sandy Glen Drive Holden, MA 01520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.510	Nonpriority creditor's name and mailing address MartinVesper Aachener Stra e 1042a. Cologne 50858 Germany Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.511	Nonpriority creditor's name and mailing address Marton,Taylor Daniel 3 Millett St Woburn, MA 01801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.512	Nonpriority creditor's name and mailing address MarvinPayne 4500 Riverwalk Pkwy Palmer Hall 242A Riverside, CA 92505 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.513	Nonpriority creditor's name and mailing address Marx,Colleen Frances 502 Ronnie Drive Indian Harbour Beach, FL 32937 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.514	Nonpriority creditor's name and mailing address Mathewson,Michelle 840 Summer St., Ste 108 Boston, MA 02127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advisor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.515	Nonpriority creditor's name and mailing address MatthewAzzam 2617 Old Fort Schoolhouse Rd Hampstead, MD 21074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.516	Nonpriority creditor's name and mailing address Matthew Callison 3640 Old Oakdale Road McDonald, PA 15057 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.517	Nonpriority creditor's name and mailing address Matthew Harvey 221 Forest Rd. Raleigh, NC 27605 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.518	Nonpriority creditor's name and mailing address Matthew Toomes 535 Portwall Street Houston, TX 77029 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.519	Nonpriority creditor's name and mailing address Matt Powell 6061 West Incline Road Casper, WY 82604 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.520	Nonpriority creditor's name and mailing address Max Poritzky 141 Middle Grove Rd Greenfield Center, NY 12833 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.521	Nonpriority creditor's name and mailing address Maxwell Schechter 2320 Packsaddle Rd LIVERMORE, CO 80536 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.522	Nonpriority creditor's name and mailing address Mazzilli, Francesca 3 Bertuccio Avenue Salem, MA 01970 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name	Case number (if known) _____
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3.523	Nonpriority creditor's name and mailing address McCue, Andrew 26 Clarendon Ave Apt 2 Somerville, MA 02144 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.524	Nonpriority creditor's name and mailing address McGathey, James Christian 20 Union St Hingham, MA 02043-2956 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.525	Nonpriority creditor's name and mailing address McLane, Connor 61 West Cedar Street Apt 4 Boston, MA 02114 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.526	Nonpriority creditor's name and mailing address McLean, Annie 840 Summer St., Ste 108 Boston, MA 02127 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advisor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.527	Nonpriority creditor's name and mailing address McNamara, Brad T 460 Harrison Ave Apt 403 Boston, MA 02118 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.528	Nonpriority creditor's name and mailing address Meg Baesmith, Chicory Wealth 3904 N Druid Hills Rd #366 Decatur, GA 30033 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.529	Nonpriority creditor's name and mailing address Melissa Melshanker Ackerman 241 Fairview Drive Glencoe, IL 60022 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.530	Nonpriority creditor's name and mailing address MelissaArata 3364 Silverwood St Escalon, CA 95320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.531	Nonpriority creditor's name and mailing address MelissaRiggle 100 College Hill Drive Greenville, NC, NC 27858 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.532	Nonpriority creditor's name and mailing address Michael Okun 1569 Barclay Blvd Buffalo Grove, IL 60089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.533	Nonpriority creditor's name and mailing address Michael Okun 1569 Barclay Blvd Buffalo Grove, IL 60089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.534	Nonpriority creditor's name and mailing address Michael R. Dornbrook Trust 343 Commercial St Unit 602 Boston, MA 02109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.535	Nonpriority creditor's name and mailing address Michael Stevens 6048 Park Street Evergreen, CO 80439 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.536	Nonpriority creditor's name and mailing address Michael Tamasi 74 Bodwell Street Avon, MA 02322 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.537	Nonpriority creditor's name and mailing address Michael Zepf 7222 Arley Place Springfield, VA 22153 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.538	Nonpriority creditor's name and mailing address MichaelJochner 1505 E. Main Ave Morgan Hill, CA 95037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.539	Nonpriority creditor's name and mailing address MichaelNewmark 950 Main St Worcester, MA 01610 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.540	Nonpriority creditor's name and mailing address MichaelSichenzia 5544 147th Street Suite B5 Oak Forest, IL 60452 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.541	Nonpriority creditor's name and mailing address MichaelUnruh 10164 Bloomfield North Road Gentry, AR 72734 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.542	Nonpriority creditor's name and mailing address MicheleHarari 926 Curtiss Road Fortine, MT 59918 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.543	Nonpriority creditor's name and mailing address Michelle Graham 10200 Smith Road Denver, CO 80239 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Freight Farms, Inc. Name	Case number (if known)
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3.544	Nonpriority creditor's name and mailing address Mike Hance Trucking, Inc 3059 Walker Mountain Road West Rutland, VT 05777 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,640.00
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3.545	Nonpriority creditor's name and mailing address Mike Johnson 1401 34th St SE Washington, DC 20020 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.546	Nonpriority creditor's name and mailing address Mike Kearney 15 Kansas St. Natick, MA 01760 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.547	Nonpriority creditor's name and mailing address MikeArters 1121 Thatcher Street Wilmington, DE 19802 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.548	Nonpriority creditor's name and mailing address MikeNelson 393 Fortune Blvd Milford, MA 01757 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.549	Nonpriority creditor's name and mailing address MikeRamsey 5000 Estate Enighed Pmb 397 St John, VI 00830 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.550	Nonpriority creditor's name and mailing address Mini Warehousing, Inc 241 Francis Avenue Mansfield, MA 02048 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,303.00
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.551	Nonpriority creditor's name and mailing address Mitch Tyson 20 Burroughs Road Lexington, MA 02420 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.552	Nonpriority creditor's name and mailing address MitchColeman 801 Ferry Street Dayton, OR 97114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.553	Nonpriority creditor's name and mailing address MitchHagney 1829 Santa Anna 0 San Antonio, TX 78201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.554	Nonpriority creditor's name and mailing address MitchReddy 2050 Montgomery Ave. Villanova, PA 19085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.555	Nonpriority creditor's name and mailing address Mitrokostas,Sophia Christian 16 Margaret Street, APT 2 Boston, MA 02113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.556	Nonpriority creditor's name and mailing address Mockapetris,Eric Copeland 81 Newton St Somerville, MA 02143-3936 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.557	Nonpriority creditor's name and mailing address MohammadEmran Plot KHIA8 142-143. Taweelah, Kizad 8944 Abu Dhabi Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name	Case number (if known)
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3.558	Nonpriority creditor's name and mailing address Mohawk Global Logistics 123 Air Cargo Road Syracuse, NY 13212 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,065.97 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.559	Nonpriority creditor's name and mailing address Momentum Manufacturing Group 210 Pierce Road Saint Johnsbury, VT 05819 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$21,690.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.560	Nonpriority creditor's name and mailing address Monoprice PO Box 740417 Los Angeles, CA 90074-0417 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$29.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.561	Nonpriority creditor's name and mailing address Moore, Joanna 350 3rd Ave 1D New York, NY 10010 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.562	Nonpriority creditor's name and mailing address Moore, Owen Patrick 248 Broadway Unit 2 Somerville, MA 02145 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.563	Nonpriority creditor's name and mailing address Morningside Venture Investments Limited 2nd Floor, Le Prince de Galles, 3-5 Aven Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.564	Nonpriority creditor's name and mailing address Moss, Tristan Charles 501 Congress St, Apt 1519 Boston, MA 02210-2933 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.565	Nonpriority creditor's name and mailing address Mula,Jaclyn 63 Leyden St. Unit 1 East Boston, MA 02128 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.566	Nonpriority creditor's name and mailing address Mulan Manufacturing Group Room 505-507, Building 37, 2049 Pujin Ro China Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,250.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.567	Nonpriority creditor's name and mailing address NajiBoustany 80 Stoney Hill rd Vineyard Haven, MA 02568 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.568	Nonpriority creditor's name and mailing address NancyHofmeister 8721 Wilbur Avenue Northridge, CA 91324 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.569	Nonpriority creditor's name and mailing address NancyWilson 5035 Wellington Road 32. Guelph, Ontario Canada Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.570	Nonpriority creditor's name and mailing address Nappier,John 7901 Pettibone Rd Chagrin Falls, OH 44023 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.571	Nonpriority creditor's name and mailing address NateBrown 9 Walker Road Beverly, MA 01915 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.572	Nonpriority creditor's name and mailing address Nathan Einsig c/o Mechanicsburg Area Sch 600 South Norway Street 2nd Floor Mechanicsburg, PA 17055 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.573	Nonpriority creditor's name and mailing address Neil Greene 899 Kimball Road Highland Park, IL 60035 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.574	Nonpriority creditor's name and mailing address NeilArmstrong Six Cross Roads. Saint Philip Barbados Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.575	Nonpriority creditor's name and mailing address Nepali,Tenzin Dorjee 1 Newcomb St Unit 301 Boston, MA 02118 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.576	Nonpriority creditor's name and mailing address NickJohnson 12601 58th St. NW Epping, ND 58843 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.577	Nonpriority creditor's name and mailing address NickMillisor 2525 Arapahoe St. Denver, CO 80205 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.578	Nonpriority creditor's name and mailing address NicoleDavis 1308 Ellsworth Place Gary, IN 46404 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.579	Nonpriority creditor's name and mailing address Nigel Slater 118 Windsor Road Medford, MA 02155 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.580	Nonpriority creditor's name and mailing address NoelSchaff 412 8th Street PETALUMA, CA 94952 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.581	Nonpriority creditor's name and mailing address NorthEast Electrical 560 Oak Street Brockton, MA 02301 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$172,396.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.582	Nonpriority creditor's name and mailing address Northern Air Systems, Inc. 3605 Buffalo Road Rochester, NY 14624 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$74,803.06 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.583	Nonpriority creditor's name and mailing address NXT Ventures Fund I, LLC c/o Ocean Gate PO Box 677 MARBLEHEAD, MA 01945 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.584	Nonpriority creditor's name and mailing address O'Malley,Patrick Joseph 9 Penny Lane Leominster, MA 01453 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.585	Nonpriority creditor's name and mailing address O'Sullivan,Katherine A 125 Chiswick Rd Apt. 512 Brighton, MA 02135 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.586	Nonpriority creditor's name and mailing address OgtayGasimzada Shakbazi str. 8. Baku AZ1008 Azerbaijan Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.587	Nonpriority creditor's name and mailing address OlaBseiso King's Highway. Madaba, Manja 16188 Jordan Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.588	Nonpriority creditor's name and mailing address Olivia Stalvey 1700 7th Avenue Troy, NY 12180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.589	Nonpriority creditor's name and mailing address Olson,Stephen David 54 Turner Street Apt 3 Brighton, MA 02135-2894 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.590	Nonpriority creditor's name and mailing address One Way Lease 1000 Broadway Suite 425 Oakland, CA 94607 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$141,260.00
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3.591	Nonpriority creditor's name and mailing address OnLogic 435 Community Drive South Burlington, VT 05403 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,434.41
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3.592	Nonpriority creditor's name and mailing address Onstott,Heather 43 Woody Point Rd PO Box 2081 New London, NH 03257 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.593	Nonpriority creditor's name and mailing address OsamaBastaki Mirqab, Block 3. Khaled Ibn Al Waleed St Kuwait Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.594	Nonpriority creditor's name and mailing address Ospraie Ag Science, LLC. c/o Ospraie Man 411 Theodore Fremd Ave Suite 240 Rye, NY 10580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.595	Nonpriority creditor's name and mailing address Osterlund,Baker August 396 Washington St # 209 Wellesley, MA 02481-6209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.596	Nonpriority creditor's name and mailing address Padgett,William Scott 644 W Roxbury Pkwy Roslindale, MA 02131-2741 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.597	Nonpriority creditor's name and mailing address PanayiotisTimveos Antonis Andronikou Street. Parekklesia, Cyprus Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.598	Nonpriority creditor's name and mailing address Pantuosco,Carla 45 Province Street #911 Boston, MA 02108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.599	Nonpriority creditor's name and mailing address Paradox Sales LLC dba Equalseal 8845 East Market Street Warren, OH 44484 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$420.29 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.600	Nonpriority creditor's name and mailing address Patrick Gruninger 8311 NW 184th Dr Alachua, FL 32615 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.601	Nonpriority creditor's name and mailing address Patrick McVeigh 10 Post Office Square Suite N1010 Boston, MA 02109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.602	Nonpriority creditor's name and mailing address PatrickSvoboda 133 North Hillcrest Drive Ogallala, NE 69153 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.603	Nonpriority creditor's name and mailing address PatrikPersson S rby ngsv gen 24-30. rebro 70254 Sweden Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.604	Nonpriority creditor's name and mailing address PaulaHoude 902 S Randall Rd. Suite C St. Charles, IL 60174 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.605	Nonpriority creditor's name and mailing address PaulSmith 6474 Corrine Dr. NW Canton, OH 44718 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.606	Nonpriority creditor's name and mailing address PawelWegrzyn 3359 Mississauga Rd. Mississauga, Ontari Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Freight Farms, Inc. Name	Case number (if known) _____
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3.607	Nonpriority creditor's name and mailing address Pazienza, Katherine Mollie 46 Waverley St Belmont, MA 02478 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.608	Nonpriority creditor's name and mailing address PelayoBolivar C. Ca ada de la Carrera, 2-4, Pozuelo de Madrid Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.609	Nonpriority creditor's name and mailing address Pellegrino, Aidan 762 Tremont St Apt 1 Boston, MA 02118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.610	Nonpriority creditor's name and mailing address Perin & Campbell 128 Nahant Street Wakefield, MA 01880 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,132.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.611	Nonpriority creditor's name and mailing address Perkins, Spencer Hayden 32 Eldridge Dr North Attleboro, MA 02760-4172 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.612	Nonpriority creditor's name and mailing address PeteBlanchfield 2860 King Rd Sauquoit, NY 13456 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.613	Nonpriority creditor's name and mailing address PeterBalabuch 1155 Union Circle Denton, TX 76208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.614	Nonpriority creditor's name and mailing address PeterHandy 7 Broughton Ave. Mt. Nelson, 7007 Tasmania Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.615	Nonpriority creditor's name and mailing address PhilHatcher 1018 Main Street. Westphal, Nova Scotia Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.616	Nonpriority creditor's name and mailing address PhilipHulett 565 Seward St Dillingham, AK 99576 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.617	Nonpriority creditor's name and mailing address Phillip Cuddeback 469 Upper Weadley Rd. Wayne, MA 19087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.618	Nonpriority creditor's name and mailing address Pierre Koncurat 39 Abby Road Farmhouse Avondale, PA 19311 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.619	Nonpriority creditor's name and mailing address Pierre,Joseph John 28 Mason Terrace Brookline, MA 02446 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.620	Nonpriority creditor's name and mailing address Pope,Julia 88 Gerrish Ave Apt 310 Chelsea, MA 02150 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.621	Nonpriority creditor's name and mailing address Pope,Sara 48 Rowe Ave Portland, ME 04102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.622	Nonpriority creditor's name and mailing address PZ Horton 3114 Jackson Avenue Memphis, TN 38112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.623	Nonpriority creditor's name and mailing address Quinn,Aidan 5 peabody street newton, MA 02458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.624	Nonpriority creditor's name and mailing address Rabschnuk,Alexander L 34 Atlantic Ave Cohasset, MA 02025-1803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.625	Nonpriority creditor's name and mailing address Rabschnuk,Alison 34 Atlantic Ave Cohasset, MA 02025-1803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.626	Nonpriority creditor's name and mailing address RachelUhrenholdt 51556 836 Rd Elgin, NE 68636 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.627	Nonpriority creditor's name and mailing address Racine,Ana Paula 164 Blossom St apto 222 Lynn, MA 01902 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.628	Nonpriority creditor's name and mailing address RaeannaGriffis 305 Morning Mist Rd Manhattan, MT 59741 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.629	Nonpriority creditor's name and mailing address RandyCruz 21 Reyes Drive Sapello, NM 87745 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.630	Nonpriority creditor's name and mailing address Ranita Dejesus 101 West Love Street Troy Pike Center For Technology (Pike Co Troy, AL 36081 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.631	Nonpriority creditor's name and mailing address RayReed 34201 Kentucky Derby Place Dade City, FL 33525 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.632	Nonpriority creditor's name and mailing address Reinhardt,Colin 3 Ricker Terrace Brighton, MA 02135 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.633	Nonpriority creditor's name and mailing address Reliance Worldwide Corporation 2300 Defoor Hills Road Northwest Atlanta, GA 30318 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$142.51 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.634	Nonpriority creditor's name and mailing address Rev. Carl P Wallace 1102 Meadow Spur Akron, OH 44333 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.635	Nonpriority creditor's name and mailing address Rich Bowman, Bowman's Market 326 Main Street Kaysville, UT 84037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.636	Nonpriority creditor's name and mailing address Richard J. Swanson 331 Alberta Drive Suite 103 Amherst, NY 14226 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.637	Nonpriority creditor's name and mailing address RichardHammonds 100 Drake Court Jacksonville, NC 28540 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.638	Nonpriority creditor's name and mailing address Richards, Layton & Finger 920 North King Street Wilmington, DE 19801 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$51,715.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.639	Nonpriority creditor's name and mailing address RichMaddox 4044 Fort Campbell Blvd. Hopkinsville, KY 42240 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.640	Nonpriority creditor's name and mailing address RichMaha 600 Circle Rd Stony Brook, NY 11790 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.641	Nonpriority creditor's name and mailing address Rick Vanzura 2 Steamboat Lane Hingham, MA 02043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.642	Nonpriority creditor's name and mailing address RickeyFleming 117 Zenner St Buffalo, NY 14211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.643	Nonpriority creditor's name and mailing address RickMerfield 4990 Radford Ct Dubuque, IA 52002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.644	Nonpriority creditor's name and mailing address Ridge,Brian Peter 836 Willard Street Apt 202 Quincy, MA 02169 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.645	Nonpriority creditor's name and mailing address Ridill,David Russett 14 Orlando St. South Portland, ME 04106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.646	Nonpriority creditor's name and mailing address RikardHillarp Kristian IV:s v g 3 Sweden Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.647	Nonpriority creditor's name and mailing address Riteng Industry Co Room 803 Chavalier House 45-51 Chatham R Hong Kong Date(s) debt was incurred <u>2024</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$104,874.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.648	Nonpriority creditor's name and mailing address Rivulis Irrigation, Inc P. O. Box 841976 Boston, MA 02284 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,742.81 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.649	Nonpriority creditor's name and mailing address RKS Ventures, LLC 27 Colburn Ln Hollis, NY 03049 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.650	Nonpriority creditor's name and mailing address RKS Ventures, LLC 27 Colburn Ln Hollis, NY 03049 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.651	Nonpriority creditor's name and mailing address RKS Ventures, LLC 27 Colburn Ln Hollis, NY 03049 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.652	Nonpriority creditor's name and mailing address Robert Hagemeier 6594 Buckboard St North Port, FL 34291 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.653	Nonpriority creditor's name and mailing address RobertClifford 5000 Old Buncombe Rd Suite 27-101 Greenville, SC 29617 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.654	Nonpriority creditor's name and mailing address RobertDimech 43 Hanna Avenue. Unit C424. Toronto, Ont Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.655	Nonpriority creditor's name and mailing address RobertFlanders 4580 Kings Abbot Way Northwest Peachtree Corners, GA 30092 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.656	Nonpriority creditor's name and mailing address Roberto Colon Bo. Caracol Carr. 402 km 4.1 A asco, PR 00610 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.657	Nonpriority creditor's name and mailing address RobertWare 233 Meadow Green Avenue 30 S American Ave Dover, DE 19901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.658	Nonpriority creditor's name and mailing address RobinJanse Grace Bay Rd. Grace Bay TKCA 1ZZ Turks and Caicos Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.659	Nonpriority creditor's name and mailing address RocioHernandez 2151 Russell Lane San Benito, TX 78586 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.660	Nonpriority creditor's name and mailing address RodgerPhillips 9705 Southwest Dolphin Point Road 0 Vashon, WA 98070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.661	Nonpriority creditor's name and mailing address RodneyPoole 8250 Nalle Grade Road North Fort Myers, FL 33917 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.662	Nonpriority creditor's name and mailing address Rodriguez,Luis O 3 Tri-Town Dr Apt 105 Lunenburg, MA 01462 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.663	Nonpriority creditor's name and mailing address Rojas,Cesar Augusto 491 Weld St Apt 1 West Roxbury, MA 02132-1310 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.664	Nonpriority creditor's name and mailing address Rothenberg Ventures 1459 18th Street #345 San Francisco, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.665	Nonpriority creditor's name and mailing address RyanCullen 1610 Champlain Avenue. Whitby. Ontario L Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.666	Nonpriority creditor's name and mailing address RyanMcgann 248 Route 25a, STE 72 East Setauket, NY 11733 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.667	Nonpriority creditor's name and mailing address RyanSmith 1241 Generals Hwy Crownsville, MD 21032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.668	Nonpriority creditor's name and mailing address RyanSweeney 3209 Galleria #1406 Edina, MN 55435 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.669	Nonpriority creditor's name and mailing address Sabina Giakoumis 2450 West Ball Road Anaheim, CA 92804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.670	Nonpriority creditor's name and mailing address SAITEX ATTN: Virginia Rollando Lot 225, Amata Industrial Park, Long Bin Vietnam Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.671	Nonpriority creditor's name and mailing address SamTolman 330 West Washington Avenue Las Vegas, NV 89106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.672	Nonpriority creditor's name and mailing address Sandaradura,Shyanki R 166 Dodd Dr Holliston, MA 01746-1208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.673	Nonpriority creditor's name and mailing address SaraSmith 1895 Stratford Avenue Stratford, CT 06615 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.674	Nonpriority creditor's name and mailing address Sardelis,Mitchell George 81 Eugene St Leominster, MA 01453-4607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.675	Nonpriority creditor's name and mailing address SavannahSherman 461 South Pine Street Pinedale, WY 82941 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.676	Nonpriority creditor's name and mailing address SB Gateway II LLC 2310 Washington Street Newton Lower Falls, MA 02462 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,374.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.677	Nonpriority creditor's name and mailing address Schauer, Maria 416 Marlborough St. #209 Boston, MA 02116 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advisor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.678	Nonpriority creditor's name and mailing address Seaman, Kyle 9 Anthony Rd Bedford, MA 01730 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.679	Nonpriority creditor's name and mailing address Sebastien Sainsbury 85 Great Portland Street. London W1W 7LT England Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.680	Nonpriority creditor's name and mailing address Seema David 197 East Avenue. Toronto, Ontario M1C 3K Canada Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.681	Nonpriority creditor's name and mailing address Seif Salama 28 Ahmed Wasfi, Almazah. Cairo 11865 Egypt Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.682	Nonpriority creditor's name and mailing address Seif Salama 28 Al Shahid Ahmed Wasfi St. Almazah, Ca Egypt Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.683	Nonpriority creditor's name and mailing address Selma Davis 119 Scott Hill Road Saint Helena Island, SC 29920 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.684	Nonpriority creditor's name and mailing address Semyon Dukach 250 Beacon Street Boston, MA 02116 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.685	Nonpriority creditor's name and mailing address Sensorex 11751 Markon Drive Garden Grove, CA 98841 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$14,477.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.686	Nonpriority creditor's name and mailing address SergioCarranza 78080 Calle Amigo Suite 103 La Quinta, CA 92253 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.687	Nonpriority creditor's name and mailing address Seth Weissman 1419 Whitehorn St Ferndale, WA 98248 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.688	Nonpriority creditor's name and mailing address SHAMASH,ORRY 73 Bow Street Medford, MA 02155 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.689	Nonpriority creditor's name and mailing address Shamritsky,Rebecca Ellen 145 Florence Street Chestnut Hill, MA 02467 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.690	Nonpriority creditor's name and mailing address Shamshery,Pulkit 90 Chandler Street Apt 1 Somerville, MA 02144 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.691	Nonpriority creditor's name and mailing address ShaneOliver 4 Hoffner Ct Roebling, NJ 08554 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.692	Nonpriority creditor's name and mailing address Shapiro,Benjamin Alexander 67 Jordan Rd Brookline, MA 02446-2315 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.693	Nonpriority creditor's name and mailing address ShaunaSpillane 2600 Mendon Road Cumberland, RI 02864 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.694	Nonpriority creditor's name and mailing address ShaunWessell 1513 Route 28 0 Brookville, PA 15825 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.695	Nonpriority creditor's name and mailing address ShaunWilliams 3328 Lawrence 1220 Everton, MO 65646 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.696	Nonpriority creditor's name and mailing address ShawnCusson 235 Baker Street Boston, MA 02132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.697	Nonpriority creditor's name and mailing address shawnharris 2015 Moodie St E Thunder Bay, ON P7E 4Z4 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.698	Nonpriority creditor's name and mailing address ShawnSpaulding 23 Topping Court Huntington, WV 25705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.699	Nonpriority creditor's name and mailing address ShayleRothman 4195 15th SDRD. King, Ontario L7B 1K4 Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.700	Nonpriority creditor's name and mailing address ShelbyMassey 900 Finley Lane Ag Shop Craig, CO 81625 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.701	Nonpriority creditor's name and mailing address Shenzhen Ohmax Optoelectronic Lighting C No. 132 Fuxing Street Hehua Community Lo Hong Kong Date(s) debt was incurred <u>2025</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$90,767.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.702	Nonpriority creditor's name and mailing address SherylSmith 127 Smithfield Rd Frederiksted, VI 00840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.703	Nonpriority creditor's name and mailing address ShirleyPosey 6201 N 21st St Philadelphia, PA 19138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.704	Nonpriority creditor's name and mailing address SHROFF,MONALISA 5 Zambom Terrace Andover, MA 01810 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.705	Nonpriority creditor's name and mailing address Shulevich,Viktoria 326 A St., Unit 4C Boston, MA 02210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.706	Nonpriority creditor's name and mailing address Silverstein,Jaime 78 Benton Road Apt 3 Somerville, MA 02143 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.707	Nonpriority creditor's name and mailing address SkylerBrazel 2431 Joe Johnson Drive ANR 301 Knoxville, TN 37996 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.708	Nonpriority creditor's name and mailing address Slater,Nigel 118 Windsor Rd. MEDFORD, MA 02155-5924 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.709	Nonpriority creditor's name and mailing address Smith,Brooke 10 Thatcher Street Apt 207 Boston, MA 02113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.710	Nonpriority creditor's name and mailing address Smith,Jordan Jinfu 7 Price Rd, Apt 6 Allston, MA 02134-2570 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.711	Nonpriority creditor's name and mailing address Snow,Christopher 31 Longview Road Reading, MA 01867 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.712	Nonpriority creditor's name and mailing address Spark Capital Founders' Fund IV, LP 200 Clarendon Street Boston, MA 02116 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.713	Nonpriority creditor's name and mailing address Spark Capital IV, L.P. 137 Newbury Street FL 8 Boston, MA 02116 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.714	Nonpriority creditor's name and mailing address SST Sensing Ltd 5 Hagmill Crescent, Coatbridge, Scotland United Kingdom Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,356.87 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.715	Nonpriority creditor's name and mailing address StaceySchacter 174 Watercolor Way Suite 103-268 Santa Rosa Beach, FL 32459 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.716	Nonpriority creditor's name and mailing address StacyHill-Sutherland 134 Harold St. Roxbury, MA 02119 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.717	Nonpriority creditor's name and mailing address Stage 1 Ventures, LLC 2811 South Bayshore Drive Suite 17A Coconut Grove, FL 33133 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.718	Nonpriority creditor's name and mailing address Stanton,Kostant 69 Saddle Rock Way Manchester, NH 03102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name	Case number (if known) _____
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3.719	Nonpriority creditor's name and mailing address Star Power LLC 228 Park Ave S New York, NY 10003-1502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.720	Nonpriority creditor's name and mailing address Steam Logistics 325 Market Street Suite 204 Chattanooga, TN 37402 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$51,832.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.721	Nonpriority creditor's name and mailing address Stefan Clarke 393 Fortune Boulevard Milford, MA 01757 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.722	Nonpriority creditor's name and mailing address StefanClarke Lot 2, Kendal. Bridgetown, St. John BB20 Barbados Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.723	Nonpriority creditor's name and mailing address Stein Learning Gardens 1210 West 78th Place Chicago, IL 60620 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.724	Nonpriority creditor's name and mailing address StephanHamer 5810 S Green St Chicago, IL 60621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.725	Nonpriority creditor's name and mailing address StephaniePatillo 1900 Thomas Road Haltom City, TX 76117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.726	Nonpriority creditor's name and mailing address Steven Lobel 6535 Parkview Drive H Boca Raton, FL 33433 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.727	Nonpriority creditor's name and mailing address Steven RBallard 2640 Jefferson Avenue Ogden, UT 84401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.728	Nonpriority creditor's name and mailing address Steven Warren 430 Broadway Cambridge, MA 02138 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.729	Nonpriority creditor's name and mailing address SteveSavitz 1005 Kriebel Mill Rd Worcester, PA 19403 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.730	Nonpriority creditor's name and mailing address Stikeman Elliott LLP 5300 Commerce Court West 199 Bay Street. Canada Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$515,593.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.731	Nonpriority creditor's name and mailing address Stone,Geoffrey De Louvigny 111 West 8th Street Boston, MA 02127 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.732	Nonpriority creditor's name and mailing address Strauss Media Strategies National Press Building, Suite 1163 529 Washington, DC 20045 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,887.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.733	Nonpriority creditor's name and mailing address Struebing, Stephen Louis 8131 Garth Ct Annandale, VA 22003-1310 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.734	Nonpriority creditor's name and mailing address Superior Felt & Filtration, LLC 1150 Ridgeview Drive McHenry, IL 60050 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,950.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.735	Nonpriority creditor's name and mailing address TamaraRick 1830 Airport Road Staples, MN 56479 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.736	Nonpriority creditor's name and mailing address Taxiera, Alex 19 Tripp Ave Brockton, MA 02301 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.737	Nonpriority creditor's name and mailing address Taylor Berschet 3960 Brookham Dr Grove City, OH 43123 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.738	Nonpriority creditor's name and mailing address TechStars stock 1050 Walnut Street Suite 202 Boulder, CO 80302 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.739	Nonpriority creditor's name and mailing address Teds of Fayville Inc 300 Turnpike Road Southborough, MA 01772 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20,454.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.740	Nonpriority creditor's name and mailing address Terranda, S. de R.L. de C.V. Homero 109, Despacho 1602, Col. Polanco. Mexico Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,627,916.67
3.741	Nonpriority creditor's name and mailing address Terrin Ricehill 9773 Turnpoint Drive West Des Moines, IA 50266 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.742	Nonpriority creditor's name and mailing address Terry DDawson 74 South Street Williamsburg, MA 01096 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.743	Nonpriority creditor's name and mailing address Thanksgiving Point 3003 North Thanksgiving Way Lehi, UT 84043 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,000.00
3.744	Nonpriority creditor's name and mailing address Thanksgiving Point 3003 North Thanksgiving Way Lehi, UT 84043 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.745	Nonpriority creditor's name and mailing address The Teen Warehouse 1121 Thatcher Street Wilmington, DE 19802 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,388.75
3.746	Nonpriority creditor's name and mailing address Theodore Katsiroubas 83 Peregrine Rd. Newton, MA 02459 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.747	Nonpriority creditor's name and mailing address Thomas Publicover 17479 The Gore Road. Caledon East. Ontar Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.748	Nonpriority creditor's name and mailing address Thomas,Brandon Gerard 9 Southbury Rd Cumberland, RI 02864 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.749	Nonpriority creditor's name and mailing address Thomas,John Stephen 24 Estrella St Jamaica Plain, MA 02130-1944 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.750	Nonpriority creditor's name and mailing address TiffanyMcGuire 17 Charles Court East Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.751	Nonpriority creditor's name and mailing address TimothyLewis 6851 Citizens Parkway San Antonio, TX 78229 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.752	Nonpriority creditor's name and mailing address TinaHolton 1711 Pepperidge Dr. Orlando, FL 32806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.753	Nonpriority creditor's name and mailing address TobiasPeggs 630 Flushing Ave Suite 375 Brooklyn, NY 11206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.754	Nonpriority creditor's name and mailing address TobyO'Berry 2705 E Euclid Ave 0 Des Moines, IA 50317 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.755	Nonpriority creditor's name and mailing address Todd Wong 1188 Rosamund Drive San Ramon, CA 94582 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.756	Nonpriority creditor's name and mailing address ToddPortier 257 Stanwich Road Greenwich, CT 06830 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.757	Nonpriority creditor's name and mailing address Tom Lashmit 218 Farm Road Marlborough, MA 01752 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.758	Nonpriority creditor's name and mailing address TomLashmit 82 Brigham Street Marlborough, MA 01752 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.759	Nonpriority creditor's name and mailing address TomSMITHERMAN 1900 Van Buren Street 116B Hollywood, FL 33020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.760	Nonpriority creditor's name and mailing address TovaFeinberg 6760 Southwest Avenue St. Louis, MO 63143 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.761	Nonpriority creditor's name and mailing address TracyJanowicz 91-2128 Old Fort Weaver Road Ewa Beach, HI 96706-1911 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.762	Nonpriority creditor's name and mailing address TracyRoach 13300 W. 2nd Pl. Lakewood, CO 80228 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.763	Nonpriority creditor's name and mailing address Transportation One, LLC 1315 North North Branch Street Suite E Chicago, IL 60642 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$46,890.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.764	Nonpriority creditor's name and mailing address Travis Darr 2810 OSBORN CUTOFF RD mosier, OR 97040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.765	Nonpriority creditor's name and mailing address Trenchard,Rick M 481 Boylston Street Apt #1 Brookline, MA 02445 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.766	Nonpriority creditor's name and mailing address TrevorSpear 518 South West Street Raleigh, NC 27601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.767	Nonpriority creditor's name and mailing address TriNet HR III-A, Inc. 1 Park Place Suite 600 Dublin, CA 94568-7983 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PEO provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.768	Nonpriority creditor's name and mailing address TristanSeisa 532 South Arden Boulevard Los Angeles, CA 90020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.769	Nonpriority creditor's name and mailing address Turina,David 345 Harrison Avenue 1129 Boston, MA 02118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.770	Nonpriority creditor's name and mailing address Two Men And A Truck 260 Fordham Road Suite 600 Wilmington, MA 01887 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,158.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.771	Nonpriority creditor's name and mailing address TylerBortz 10200 Smith Road Denver, CO 80239 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.772	Nonpriority creditor's name and mailing address UG 2, LLC PO Box 5972 Springfield, MA 01101-5972 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$716.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.773	Nonpriority creditor's name and mailing address VananMurugesan 4414 Humboldt Avenue North Minneapolis, MN 55412 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.774	Nonpriority creditor's name and mailing address Vanilla Forums Inc. 2045 Rue Stanley. Suite 1000. Montreat, Canada Date(s) debt was incurred <u>2025</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,459.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.775	Nonpriority creditor's name and mailing address Vanzura, Cedric John 2 Steamboat Lne Hingham, MA 02043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.776	Nonpriority creditor's name and mailing address Vents-US 400 Murray Rd Cincinnati, OH 45217 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$58,672.53 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.777	Nonpriority creditor's name and mailing address Vikram Punwani 181 Laurel Rd Chestnut Hill, MA 02467 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.778	Nonpriority creditor's name and mailing address VinnieLima 3000 Village Run Road #103-124 Wexford, PA 15090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.779	Nonpriority creditor's name and mailing address VoidStar LLC 1487 Beacon St Unit 4 Brookline, MA 02446 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.780	Nonpriority creditor's name and mailing address WadeYoung 439 Grand Dr Box 154 Bigfork, MT 59911-3614 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.781	Nonpriority creditor's name and mailing address Walley, Jonathan L 491 Massachusetts Avenue Unit G Boston, MA 02118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.782	Nonpriority creditor's name and mailing address WandaLaughlin 7580 County Road 136 Live Oak, FL 32060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.783	Nonpriority creditor's name and mailing address Wang,Edbert 29 Packard Ave Apt 2 Somerville, MA 02144 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.784	Nonpriority creditor's name and mailing address Warren Katz 20 Fairfield Street Boston, MA 02116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.785	Nonpriority creditor's name and mailing address Warren,Steven 430 Broadway #3 Cambridge, MA 02138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.786	Nonpriority creditor's name and mailing address Waterbury,Samuel 128 Furnace Street Apt 3 North Adams, MA 01247 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.787	Nonpriority creditor's name and mailing address WendyWyatt 4086 County Road 119 Hesperus, CO 81326 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.788	Nonpriority creditor's name and mailing address Weston Howland III 75 Federal Street Suite 1100 Boston, MA 02110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. Name _____	Case number (if known) _____
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3.789	Nonpriority creditor's name and mailing address White,Sam 20 Chapel St C908 Brookline, MA 02446 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.790	Nonpriority creditor's name and mailing address Will Herman 72 Leafy Hill Lane Wolfeboro, NH 03894 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.791	Nonpriority creditor's name and mailing address WillCox 96 Pitts Bay Road. Hamilton Bermuda Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.792	Nonpriority creditor's name and mailing address WilliamWerner 1 Shields Avenue Davis, CA 95616 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.793	Nonpriority creditor's name and mailing address WilliamWoods 14013 S 33rd West Ave. Glenpool, OK 74033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.794	Nonpriority creditor's name and mailing address Winborn,Ky D 10 Cogswell Ave Cambridge, MA 02140 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.795	Nonpriority creditor's name and mailing address Wisentaner,Rachel Ann 1045 Adams St Unit 1 Dorchester, MA 02124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Freight Farms, Inc. <small>Name</small>	Case number (if known) _____
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3.796	Nonpriority creditor's name and mailing address Woolard,James 256 Hillcrest Road Needham, MA 02492 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.797	Nonpriority creditor's name and mailing address Wrap Solutions 278 Lowell Street Wilmington, MA 01887 Date(s) debt was incurred <u>2025</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
<hr/>			
3.798	Nonpriority creditor's name and mailing address Wu,Grace 290 Middle St West Newbury, MA 01985 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.799	Nonpriority creditor's name and mailing address YingZhang 2556 West Highway 318 Citra, FL 32113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.800	Nonpriority creditor's name and mailing address YWCA Metropolitan Chicago 1 North La Salle Street Suite 1700 Chicago, IL 60602 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47,667.00
<hr/>			
3.801	Nonpriority creditor's name and mailing address YWCA Metropolitan Chicago 1 North La Salle Street Suite 1700 Chicago, IL 60602 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.802	Nonpriority creditor's name and mailing address ZachKalas 127 West 127th Street Annex Building New York, NY 10027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **Freight Farms, Inc.** Case number (if known) _____

Name

3.803 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$0.00**
Zack Armen
55 Vancycle Rd
Lincolntown, ME 04849
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Customer
 Is the claim subject to offset? ☒ No ☐ Yes

3.804 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$0.00**
ZackBurns
3400 Vine Street
Cincinnati, OH 45220
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Customer
 Is the claim subject to offset? ☒ No ☐ Yes

3.805 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$0.00**
Zahran, Sarah Carrie
27 School Street PI Apt 3
Boston, MA 02119-3498
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Employee
 Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Balestriere Attn: John G. Baslesreire, Esq. 225 Broadway, 29th Floor New York, NY 10007	Line <u>3.417</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Carlo Cellai, Esq. Cellai Law Offices 150 Grossman Drive Suite 201 Braintree, MA 02184	Line <u>3.581</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Doherty, Dugan, Cannon, Raymond & Weil Attn: Nicholas Rossini, Esq 124 Grove Street Suite 220 Franklin, MA 02038	Line <u>3.417</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>0.00</u>
5b.	+ \$ <u>6,905,826.36</u>
5c.	\$ <u>6,905,826.36</u>

Fill in this information to identify the case:

Debtor name **Freight Farms, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF MASSACHUSETTS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **manufacuring space lease at 54,56 and 62 Crawford Srtreet , Leominster, MA**

State the term remaining **lease term runs through 3/31/2026**

List the contract number of any government contract _____

**Airport Realty Trust
188 Debbbie Drive
Leominster, MA 01453**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Office space lease for 20 Old Colony Avenue, Suite 201, Boston, MA 02127**

State the term remaining **lease term through 12/31/2029**

List the contract number of any government contract _____

**National Development
360 Longwood Avenue
Boston, MA 02115**

2.3. State what the contract or lease is for and the nature of the debtor's interest **retail space lease for 54 Old Colony Avenue. Suite 1B. Boston, MA 02127**

State the term remaining **lease term through 12/31/2029**

List the contract number of any government contract _____

**National Development
360 Longwood Avenue
Boston, MA 02115**

Fill in this information to identify the case:

Debtor name Freight Farms, Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1	<p>Street</p> <p>City State Zip Code</p>		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	<p>Street</p> <p>City State Zip Code</p>		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	<p>Street</p> <p>City State Zip Code</p>		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	<p>Street</p> <p>City State Zip Code</p>		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name **Freight Farms, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF MASSACHUSETTS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/25

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From **1/01/2025** to **Filing Date**

☒ Operating a business
☐ Other _____

\$1,643,476.00

For prior year:
From **1/01/2024** to **12/31/2024**

☒ Operating a business
☐ Other _____

\$6,475,000.00

For year before that:
From **1/01/2023** to **12/31/2023**

☒ Operating a business
☐ Other _____

\$19,522,483.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Freight Farms, Inc.**

Case number (if known)

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. see attached schedule		\$0.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. see response to Question 30 below		\$0.00	

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
Bigrentz 3333 Michelson Drive Suite 420 Irvine, CA 92612	forklift	April 2025	Unknown

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Sonepar v. Freight Farms 2843CV623	breach of contract and quantum meriut for non payment	Plymouth Superior Court 52 Obery Street #2041 Plymouth, MA 02360	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **Freight Farms, Inc.**

Case number (if known)

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.2. Kalow Technologies v Freight Farms 2584cv209	Fraud, Breach of Contract, Promissory Estoppel and 93A	Suffolk Superior Court 3 Pemberton Square Boston, MA 02108	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
<p>Damage to a farm owned by a customer due to lights kept on for several days and panels kept too close together.</p> <p>Note - Parties also shared in cost of wrapping, delivery and installation not included in figure below</p>	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p> <p>\$120,350.00 - total recovery</p> <p>Insurance payment received in July 2024, 50% from debtor's insurance company and 50% from customer's insurance company</p>	9/9/2023	\$120,350.00

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Debtor **Freight Farms, Inc.**

Case number (if known)

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Donald R. Lassman PO Box 920385 Needham, MA 02492-0005		4/18/025	\$15,338.00
	Email or website address don@lassmanlaw.com			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property - by sale, trade, or any other means - made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	Climactiva Group, LLC Box 366937 San Juan, PR 00936	Customer refund of \$200,000 - funds received and refunded on 4/30/2025 as Freight Farms is unable to complete the necessary service. Cancelled Certificate of Ownership for both farms.	4/30/25	\$200,000.00
	Relationship to debtor none			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Debtor **Freight Farms, Inc.**

Case number (if known) _____

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

- ☒ No Go to Part 10.
- ☐ Yes. Fill in below:

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☒ None

Depository institution name and address

Names of anyone with access to it
Address

Description of the contents

Does debtor still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- ☐ None

Facility name and address

Names of anyone with access to it

Description of the contents

Does debtor still have it?

Castle Island Storage
39 Old Colony Avenue
Boston, MA 02127

David Harris, 23 Ossipee
Road, Somerville, MA
02144

assorted materials for older
farm models

- ☐ No
☒ Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

- ☐ None

Debtor **Freight Farms, Inc.**

Case number (if known)

Owner's name and address	Location of the property	Describe the property	Value
see attached list			\$0.00

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.**Report all notices, releases, and proceedings known, regardless of when they occurred.****22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
-----------------------	-------------------------------------	--	------------------------

26. Books, records, and financial statements**26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.**

- ☐ None

Name and address	Date of service From-To
26a.1. Monalisa Shroff electronic data stored in the Cloud	8/2/21 - 4/30/2025

Debtor **Freight Farms, Inc.**

Case number (if known)

Name and address

**Date of service
From-To**

26a.2. **Christina Itrato
electronic data store in the Cloud**

6/13/2022 - 4/30/2025

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address

**Date of service
From-To**

26b.1. **Baker Tilly
1 Highwood Drive
Tewksbury, MA 01876**

5/14/2021-6/2/2023

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

**If any books of account and records are
unavailable, explain why**

26c.1. **Ospraie AG Science
411 Theodore Friend Avenue
Suite 240
Rye, NY 10580**

26c.2. **Spark Capital
137 Newbury Street
Floor 8
Boston, MA 02116**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **Eastern Bank
195 Market Street
Lynn, MA 01901**

26d.2. **Momentum Manufacturing Group
23 National Avenue
Georgetown, MA 01833**

26d.3. **Ron Coleman
Red Deer Capital
One Heritage Place
945 Main Street, Suite 210
Manchester, CT 06040**

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

Debtor **Freight Farms, Inc.**

Case number (if known)

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	Baker Tilly - Audit Firm	1/10/2024 and 1/11/2024	\$2,460,563.00 Cost Basis at Book Value as of 12/31/23

Name and address of the person who has possession of inventory records

Accounting System - XERO

27.2	Baker Tilly - Audit Firm	1/4/2023	\$7,537,561.00 Cost Basis at Book Value as of 12/31/22
------	--------------------------	----------	---

Name and address of the person who has possession of inventory records

Accounting System - XERO

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Chris Papouras	c/o Ospraie Ag Science 411 Theodore Fremd Ave Suite 240 Rye, NY 10580	Board of Directors	Ospraie owns 36.945% fully diluted shares
Zach Morse	c/o Ospraie Ag Science 411 Theodore Fremd Ave Suite 240 Rye, NY 10580	Board of Directors	Ospraie owns 36.945% fully diluted shares
Agustin Tristin	Demeter Agrimex LLC Homero 109, Despacho 1602, Col Ploanco Cuidad de Mexico 11570 Mexico	Board of Directors	Demeter Agrimex owns 14.721% fully diluted shares
Brad Griffith	10527 Tobias Lane Frisco, TX 75033	Board of Director	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
- ☒ Yes. Identify below.

Debtor **Freight Farms, Inc.**

Case number (if known)

Name	Address	Position and nature of any interest	Period during which position or interest was held
Rick Vanzura	2 Steamboat Lane Hingham, MA 02043	CEO from 3/2/2020-10/15/2024 Board Advisor from 10/16/2024-4/30/2025	4/30/24 - 4/30/25
Name	Address	Position and nature of any interest	Period during which position or interest was held
Jyothi Dalavai	Aliaxis Ventures Avenue Arnaud Fraiteur 15-23 1050 Brussles Belgium	Board Member	12/13/2022-9/24/2024

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 . Monalisa Shroff 5 Zambom Terrace Andover, MA 01810	\$315,769	4/30/24 - 4/30/25	Includes expense reimbursement for maintenance of critical company systems that will be paid on CFO's personal credit card post filing in the amount of \$1,754.00
Relationship to debtor CFO			
30.2 . Rick Vanzura 2 Steamboat Lane Hingham, MA 02043	187,375	4/30/24-4/30/25	CEO salary until 10/15/24. 10/16/24 - 4/30/25 - Board advisor at significantly reduced salary
Relationship to debtor CEO			
30.3 . Brad Griffith 10527 Tobias Lane Frisco, TX 75033	\$238,317	11/1/2024-4/30/2025	Salary and expense reimbursement of \$7,043
Relationship to debtor CEO			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Debtor **Freight Farms, Inc.**

Case number (if known)

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **April 30, 2025**

/s/ Monalisa Shroff

Signature of individual signing on behalf of the debtor

Monalisa Shroff

Printed name

Position or relationship to debtor **CFO**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No
☒ Yes

Statement of Financial Affairs

Part 2 - Payments made in last 90 days before filing > \$8,575

Creditor's name	Address	Payment amount
Alaska Marine Lines, Inc.	5615 West Marginal Way Southwest, Seattle, WA 98124 United States	33,686
Aldrich Auto Body & Repair Inc	209 Lunenburg Street, Fitchburg, MA 01420	4,370
Aldrich Auto Body & Repair Inc	209 Lunenburg Street, Fitchburg, MA 01420	3,400
Alternative Manufacturing, Inc.	30B Summer St, Winthrop, ME 04364 United States	1,533
Alternative Manufacturing, Inc.	30B Summer St, Winthrop, ME 04364 United States	4,348
Alternative Manufacturing, Inc.	30B Summer St, Winthrop, ME 04364 United States	3,478
Ann Thompson Law, LLC	6845 Brookside Rd, Kansas City, MO 64113 United States	625
Ann Thompson Law, LLC	6845 Brookside Rd, Kansas City, MO 64113 United States	3,328
Ann Thompson Law, LLC	6845 Brookside Rd, Kansas City, MO 64113 United States	4,875
Arent Fox LLP	1717 K Street, NW P.O. Box 7247, Washington, DC 20006 United States	2,500
Arent Fox LLP	1717 K Street, NW P.O. Box 7247, Washington, DC 20006 United States	2,500
Arent Fox LLP	1717 K Street, NW P.O. Box 7247, Washington, DC 20006 United States	2,500
Arent Fox LLP	1717 K Street, NW P.O. Box 7247, Washington, DC 20006 United States	2,500
Arent Fox LLP	1717 K Street, NW P.O. Box 7247, Washington, DC 20006 United States	18,590
BOC International	21 Drydock Avenue Suite 520 W, Boston, MA 02210 United States	5,000
BOC International	21 Drydock Avenue Suite 520 W, Boston, MA 02210 United States	5,000
BOC International	21 Drydock Avenue Suite 520 W, Boston, MA 02210 United States	5,000
BOC International	21 Drydock Avenue Suite 520 W, Boston, MA 02210 United States	2,717
Crafty Penguin Technologies Inc.	PO Box 21088 RPO Westview, Lethbridge, AB T1K 6X4 Canada	8,700
FERNCREEK	4715 South Ferncreek Avenue, Orlando, FL 32806 United States	9,000
Latham & Watkins LLP	555 WEST 5TH STREET Suite 300, LOS ANGELES, CA 90013-1010 United States	3,000
Latham & Watkins LLP	555 WEST 5TH STREET Suite 300, LOS ANGELES, CA 90013-1010 United States	3,000
Latham & Watkins LLP	555 WEST 5TH STREET Suite 300, LOS ANGELES, CA 90013-1010 United States	3,000
Mini Warehousing, Inc	240 Francis Avenue. Mansfield, MA 02048	4,740
Mini Warehousing, Inc	241 Francis Avenue. Mansfield, MA 02048	5,497
Mini Warehousing, Inc	241 Francis Avenue. Mansfield, MA 02048	5,317
Mohawk Global Logistics	123 Air Cargo Road, Syracuse, NY 13212 United States	5,000
Mohawk Global Logistics	123 Air Cargo Road, Syracuse, NY 13212 United States	5,000

Mohawk Global Logistics	123 Air Cargo Road, Syracuse, NY 13212 United States	5,000
Mohawk Global Logistics	123 Air Cargo Road, Syracuse, NY 13212 United States	14,543
Momentum Manufacturing Group	210 Pierce Road, Saint Johnsbury, VT 05819 United States	3,443
Momentum Manufacturing Group	210 Pierce Road, Saint Johnsbury, VT 05819 United States	7,230
Momentum Manufacturing Group	210 Pierce Road, Saint Johnsbury, VT 05819 United States	21,691
Momentum Manufacturing Group	210 Pierce Road, Saint Johnsbury, VT 05819 United States	7,230
NorthEast Electrical	560 Oak Street, Brockton, MA 02301 United States	3,927
NorthEast Electrical	560 Oak Street, Brockton, MA 02301 United States	5,000
NorthEast Electrical	560 Oak Street, Brockton, MA 02301 United States	5,000
NorthEast Electrical	560 Oak Street, Brockton, MA 02301 United States	3,927
NorthEast Electrical	560 Oak Street, Brockton, MA 02301 United States	5,000
NorthEast Electrical	560 Oak Street, Brockton, MA 02301 United States	11,781
Northern Air Systems, Inc.	3605 Buffalo Road, Rochester, NY 14624 United States	10,000
Northern Air Systems, Inc.	3605 Buffalo Road, Rochester, NY 14624 United States	2,759
Northern Air Systems, Inc.	3605 Buffalo Road, Rochester, NY 14624 United States	7,241
Northern Air Systems, Inc.	3605 Buffalo Road, Rochester, NY 14624 United States	10,000
Northern Air Systems, Inc.	3605 Buffalo Road, Rochester, NY 14624 United States	10,000
Northern Air Systems, Inc.	3605 Buffalo Road, Rochester, NY 14624 United States	10,000
Northern Air Systems, Inc.	3605 Buffalo Road, Rochester, NY 14624 United States	10,000
One Way Lease	1000 Broadway, Suite 425, Oakland, CA 94607 United States	5,000
One Way Lease	1000 Broadway, Suite 425, Oakland, CA 94607 United States	9,595
One Way Lease	1000 Broadway, Suite 425, Oakland, CA 94607 United States	5,000
Sensorex	11751 Markon Drive, Garden Grove, CA 98841 United States	11,034
	No. 132 Fuxing Street Hehua Community Longgang District, Shenzhen China	
	China Pinghu Subdistrict, Longgang District, Shenzhen Chi, China 00000	
Shenzhen Ohmax Optoelectronic Lighting Co	Hong Kong	740
	No. 132 Fuxing Street Hehua Community Longgang District, Shenzhen China	
	China Pinghu Subdistrict, Longgang District, Shenzhen Chi, China 00000	
Shenzhen Ohmax Optoelectronic Lighting Co	Hong Kong	17,920
	No. 132 Fuxing Street Hehua Community Longgang District, Shenzhen China	
	China Pinghu Subdistrict, Longgang District, Shenzhen Chi, China 00000	
Shenzhen Ohmax Optoelectronic Lighting Co	Hong Kong	26,479

Shenzhen Ohmax Optoelectronic Lighting Co	No. 132 Fuxing Street Hehua Community Longgang District, Shenzhen China China Pinghu Subdistrict, Longgang District, Shenzhen Chi, China 00000 Hong Kong	15,132
Shenzhen Ohmax Optoelectronic Lighting Co	No. 132 Fuxing Street Hehua Community Longgang District, Shenzhen China China Pinghu Subdistrict, Longgang District, Shenzhen Chi, China 00000 Hong Kong	27
Shenzhen Ohmax Optoelectronic Lighting Co	No. 132 Fuxing Street Hehua Community Longgang District, Shenzhen China China Pinghu Subdistrict, Longgang District, Shenzhen Chi, China 00000 Hong Kong	1,011
SmartWay Transportation Inc.	10901 Granada Lane, Leawood, KS 66211 United States	5,000
SmartWay Transportation Inc.	10901 Granada Lane, Leawood, KS 66211 United States	5,000
SmartWay Transportation Inc.	10901 Granada Lane, Leawood, KS 66211 United States	5,000
SmartWay Transportation Inc.	10901 Granada Lane, Leawood, KS 66211 United States	5,550
SST Sensing Ltd	5 Hagmill Crescent, Coatbridge, Scotland ML5 4NS United Kingdom	5,005
SST Sensing Ltd	5 Hagmill Crescent, Coatbridge, Scotland ML5 4NS United Kingdom	5,276
Strauss Media Strategies	National Press Building, Suite 1163 529 14th Street NW, Washington, DC 200	2,888
Strauss Media Strategies	National Press Building, Suite 1163 529 14th Street NW, Washington, DC 200	5,775
Teds of Fayville Inc	300 Turnpike Road, Southborough, MA 01772 United States	6,798
Teds of Fayville Inc	300 Turnpike Road, Southborough, MA 01772 United States	3,350
Teds of Fayville Inc	300 Turnpike Road, Southborough, MA 01772 United States	6,274
The Gefvert Company	316 Country Ridge Drive, Royersford, PA 19468 United States	4,050
The Gefvert Company	316 Country Ridge Drive, Royersford, PA 19468 United States	3,000
The Gefvert Company	316 Country Ridge Drive, Royersford, PA 19468 United States	3,000
The Gefvert Company	316 Country Ridge Drive, Royersford, PA 19468 United States	6,000
The Gefvert Company	316 Country Ridge Drive, Royersford, PA 19468 United States	7,500
The Hilb Group of New England	2000 Chapel View Boulevard, Cranston, RI 02920 United States	61,662
Transportation One, LLC	1315 North North Branch Street Suite E, Chicago, IL 60642 United States	5,200
Transportation One, LLC	1315 North North Branch Street Suite E, Chicago, IL 60642 United States	5,000
Transportation One, LLC	1315 North North Branch Street Suite E, Chicago, IL 60642 United States	5,000
Transportation One, LLC	1315 North North Branch Street Suite E, Chicago, IL 60642 United States	5,000
Vanilla Forums Inc.	2045 Rue Stanley, Suite 1000, Montreal, Quebec H3A 2V4 Canada	10,460
YWCA Metropolitan Chicago	1 North La Salle Street Suite 1700, Chicago, IL 60602 United States	5,000
YWCA Metropolitan Chicago	1 North La Salle Street Suite 1700, Chicago, IL 60602 United States	5,000

YWCA Metropolitan Chicago	1 North La Salle Street Suite 1700, Chicago, IL 60602 United States	5,000
YWCA Metropolitan Chicago	1 North La Salle Street Suite 1700, Chicago, IL 60602 United States	5,000
Brex Inc.	650 S 500 W. Suite 209. Salt Lake City, UT 84101	108,924
Brex Inc.	650 S 500 W. Suite 209. Salt Lake City, UT 84101	81,360
Brex Inc.	650 S 500 W. Suite 209. Salt Lake City, UT 84101	5,000
Brex Inc.	650 S 500 W. Suite 209. Salt Lake City, UT 84101	5,000
National Development	360 Longwood Avenue. Boston, MA 02115	59,187
National Development	360 Longwood Avenue. Boston, MA 02115	59,187
National Development	360 Longwood Avenue. Boston, MA 02115	59,187
Law Office of Donald R Lassman	POB 920385. Needham, MA 02492	15,338
TVT Capital	881 Baxter Drive. STE 100. South Jordan, UT 84095	13,125
TVT Capital	881 Baxter Drive. STE 100. South Jordan, UT 84095	13,125
TVT Capital	881 Baxter Drive. STE 100. South Jordan, UT 84095	13,125
TVT Capital	881 Baxter Drive. STE 100. South Jordan, UT 84095	13,125
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TVT Capital	881 Baxter Drive. STE 100. South Jordan, UT 84095	13,125
TVT Capital	881 Baxter Drive. STE 100. South Jordan, UT 84095	13,125
TVT Capital	881 Baxter Drive. STE 100. South Jordan, UT 84095	13,125
Airport Realty Trust	188 Debbie Drive. Leominster, MA 01453	11,850
Airport Realty Trust	188 Debbie Drive. Leominster, MA 01453	11,723
Airport Realty Trust	188 Debbie Drive. Leominster, MA 01453	11,723
Freight to Plate	2665 West Nelson Street, Chicago, IL 60618 United States	10,000

Payment Date	Reason
3/24/2025	Vendor
4/28/2025	Vendor
4/30/2025	Vendor
2/3/2025	Vendor
2/3/2025	Vendor
3/14/2025	Vendor
3/11/2025	Services
3/12/2025	Services
4/17/2025	Services
2/3/2025	Services
2/18/2025	Services
3/3/2025	Services
3/21/2025	Services
4/29/2025	Services
2/3/2025	Vendor
2/18/2025	Vendor
3/3/2025	Vendor
3/12/2025	Vendor
2/4/2025	Vendor
4/25/2025	Other - customer who acted as a supplier and provided produce for an event
2/18/2025	Services
3/3/2025	Services
3/21/2025	Services
4/29/2025	Vendor
3/3/2025	Vendor
3/21/2025	Vendor
2/3/2025	Vendor
2/11/2025	Vendor

2/18/2025	Vendor
2/27/2025	Vendor
2/10/2025	Vendor
2/24/2025	Vendor
2/27/2025	Vendor
3/21/2025	Vendor
2/11/2025	Vendor
2/18/2025	Vendor
3/3/2025	Vendor
3/12/2025	Vendor
3/20/2025	Vendor
4/1/2025	Vendor
2/3/2025	Vendor
2/7/2025	Vendor
2/10/2025	Vendor
2/14/2025	Vendor
2/28/2025	Vendor
3/11/2025	Vendor
3/20/2025	Vendor
2/14/2025	Vendor
2/28/2025	Vendor
3/20/2025	Vendor
2/27/2025	Vendor
2/11/2025	Vendor
2/13/2025	Vendor
2/26/2025	Vendor

3/14/2025 Vendor

4/1/2025 Vendor

4/3/2025 Vendor

2/3/2025 Vendor

2/11/2025 Vendor

2/18/2025 Vendor

3/14/2025 Vendor

2/3/2025 Vendor

3/21/2025 Vendor

2/4/2025 Vendor

3/21/2025 Vendor

2/3/2025 Vendor

2/27/2025 Vendor

3/21/2025 Vendor

2/3/2025 Services

2/14/2025 Services

3/3/2025 Services

3/12/2025 Services

4/14/2025 Services

4/7/2025 Vendor

2/3/2025 Vendor

2/18/2025 Vendor

3/3/2025 Vendor

3/21/2025 Vendor

2/13/2025 Vendor

2/3/2025 Other - customer returned farm

2/18/2025 Other - customer returned farm

3/3/2025	Other - customer returned farm
3/21/2025	Other - customer returned farm
2/10/2025	Other - corporate credit card
3/10/2025	Other - corporate credit card
4/21/2025	Other - corporate credit card
4/28/2025	Other - corporate credit card
4/2/2025	Other - rent
3/3/2025	Other - rent
2/3/2025	Other - rent
4/18/2025	Services
4/24/2025	Secured debt
4/17/2025	Secured debt
4/10/2025	Secured debt
4/4/2025	Secured debt
3/27/2025	Secured debt
3/20/2025	Secured debt
3/13/2025	Secured debt
3/6/2025	Secured debt
2/27/2025	Secured debt
2/20/2025	Secured debt
2/13/2025	Secured debt
2/6/2025	Secured debt
1/30/2025	Secured debt
4/1/2025	Other - rent
3/3/2025	Other - rent
2/3/2025	Other - rent
3/13/2025	Other - 3rd part commission

Statement of Financial Affairs
Part 11 - Property held for another

Customer name	Description	Farm Location	Value	Comments
University College London	Container Farm	56 Crawford Street. Leominster, MA 01453	124,000	Customer owned farm.
Fresh Harvest 365 Demetrius #3	Container Farm	241 Francis Avenue. Mansfield, MA 02048	135,000	Customer owned farm.
Boxy Harvest	Container Farm	241 Francis Avenue. Mansfield, MA 02048	100,000	Customer owned farm.
Cornucopia #1	Container Farm	241 Francis Avenue. Mansfield, MA 02048	139,000	Customer owned farm.
Don Knoll #1 - Lettuce Sustain	Container Farm	241 Francis Avenue. Mansfield, MA 02048	120,000	Customer owned farm.
Don Knoll #2 - Lettuce Sustain	Container Farm	241 Francis Avenue. Mansfield, MA 02048	120,000	Customer owned farm.
Cornucopia #2	Container Farm	241 Francis Avenue. Mansfield, MA 02048	139,000	Customer owned farm.
Cornucopia #3	Container Farm	241 Francis Avenue. Mansfield, MA 02048	139,000	Customer owned farm.
Pueblo Unido	Container Farm	241 Francis Avenue. Mansfield, MA 02048	140,000	Customer owned farm.
Jessica Fung/Glacier Greens	Container Farm	56 Crawford Street. Leominster, MA 01453	139,000	Customer owned farm.
Watertown Public Schools	Container Farm	56 Crawford Street. Leominster, MA 01453	85,000	Customer owned farm.
Abundant Life	Container Farm	56 Crawford Street. Leominster, MA 01453	149,000	Customer owned farm.
Kentucky State # 2	Container Farm	56 Crawford Street. Leominster, MA 01453	139,000	Customer owned farm.
Hale Kipa #2	Container Farm	241 Francis Avenue. Mansfield, MA 02048	129,000	Customer owned farm.
Tuskegee #2	Container Farm	241 Francis Avenue. Mansfield, MA 02048	142,000	Customer owned farm.
CPEN	Container Farm	241 Francis Avenue. Mansfield, MA 02048	120,000	Customer owned farm.
Kentucky State #1	Container Farm	56 Crawford Street. Leominster, MA 01453	144,000	Customer owned farm.
Seeds for Change	Container Farm	56 Crawford Street. Leominster, MA 01453	129,000	Customer owned farm.
St. Vincent de Paul	Container Farm	56 Crawford Street. Leominster, MA 01453	155,000	Customer owned farm.
Barry Rasch / Urban Mill	Container Farm	56 Crawford Street. Leominster, MA 01453	129,000	Customer owned farm.
Suwannee High School	Container Farm	56 Crawford Street. Leominster, MA 01453	155,000	Customer owned farm.
Dale County Schools	Container Farm	56 Crawford Street. Leominster, MA 01453	165,000	Customer owned farm.
Watch City Farms	Container Farm	241 Francis Avenue. Mansfield, MA 02048	140,250	Returned farm but customer owned - Freight Farms is storing for customer
Brett Roberts #1	Container Farm	241 Francis Avenue. Mansfield, MA 02048	136,500	Returned farm but customer owned - Freight Farms is storing for customer
Brett Roberts #2	Container Farm	241 Francis Avenue. Mansfield, MA 02048	136,500	Returned farm but customer owned - Freight Farms is storing for customer
Brett Roberts #3	Container Farm	241 Francis Avenue. Mansfield, MA 02048	136,500	Returned farm but customer owned - Freight Farms is storing for customer

**United States Bankruptcy Court
District of Massachusetts**

In re **Freight Farms, Inc.** Debtor(s) Case No. _____
Chapter **7**

VERIFICATION OF CREDITOR MATRIX

I, the CFO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **April 30, 2025** **/s/ Monalisa Shroff**
Monalisa Shroff/CFO
Signer/Title

4DNXT Capital, LLC
21 Sears Road
Brookline, MA 02445

5W Public Relations
299 Park Avenue 10th Floor
New York, NY 10171

AaronThornton
1 Bethel Valley Road
Oak Ridge, TN 37830

Accelerated Services Inc.
158-2 Remington Boulevard
Ronkonkoma, NY 11779

Accutemp Engineering
100 Maple St
Bldg B
Stoneham, MA 02180

Adam Quinones
40311 16th St W
Palmdale, CA 93551

Adasha Turner
7510 Olympic Drive
Everett, WA 98203

Admiral Metals
11 Forbes Road
Woburn, MA 01801

AFC Worldwide Express, Inc.
PO Box 405939
Atlanta, GA 30384-5939

Agile Education Marketing
700 17th St.
Suite 2250
Denver, CO 80202

AGRINAM INVESTMENTS, LLC
Homero 109, Despacho 1602, Col. Polanco.
Mexico

Agrowtek
173 Ambrogio Dr
Ste A
Brookfield, WI 53045

Agum, Julia
31 Cunard St Apt 4
Boston, MA 02120-2125

Ahmed Rafiu
Salzmen pvt ltd, 4/3 faamdheyryge, Faamd
Maldives

Air Distribution Concepts, Inc.
204 Hallberg Street
Unit A, B
Delavan, WI 53115

Airport Realty Trust
188 Debbbie Drive
Leominster, MA 01453

AjayNagarkatte
224 N. Elm St.
Hinsdale, IL 60521

AlanaPakkala
1288 ALA MOANA BLVD
SUITE 201
HONOLULU, HI 96814

AlejandroMadrado
Homero 109. Despacho 1602. Col. Polanco
Mexico

Alexandra Basquette
9 Saint Peter St
Apt 6
Boston, MA 02130

AlexandraArmstrong
45 Thundercreek Place
Spring, TX 77381

Alexandre Allouches
Jal el DIB HWY, Beirut VG9G+476
Lebanon

AlexSchmittendorf
100 James E Casey Drive
Buffalo, NY 14206

Aliaxis Ventures SA
Avenue Arnaud Fraiteur 15-23
1050 Brussels

Alkaline Investment Partners
2201 Waukegan Road
Suite 175
Bannockburn, IL 60015

Allardi,Alexander
5 Mulberry St
Attleboro, MA 02703

AllisonDeHoney
85 Silo City Row
Buffalo, NY 14203

Almeida, Luciana O
202 West Broadway St
#2
Boston, MA 02127

Alternative Manufacturing, Inc.
30B Summer St
Winthrop, ME 04364

Alves, Nicole
125 Beale st
Apt C
Quincy, MA 02170

Amanvir Mundra
45 Observatory Lane. Richmond Hill, Onta
Canada

American Bright Optoelectronics Corp.
13815 Magnolia Avenue
Suite C
Chino, CA 91710

Amsterdam, Benjamin
90 Wareham St
UNIT 216
Boston, MA 02118

Amy Doklovic
245 Wood Creek Court
Chapel Hill, NC 27516

Andr s Gonz lez Bonilla
PO Box 143466
Arecibo, PR 00614

Andraya Yousfi
500 North Laramie Avenue
Chicago, IL 60644

Andre McFadden
4821 Avenue W
Birmingham, AL 35208

AndreaHoward
105 Allston St.
Allston, MA 02134

Andreas MKogelnik
1143 Webster St
Palo Alto, CA 94301

Andrew Hopkin
618 Grove St
Framingham, MA 01701

Andrew O'Guin
6630 Lee Drive
Waterloo, IL 62298

AndrewFreitag
4237 regency ct
Davenport, IA 52806

Angel Cabiya
PO Box 1752
Ciales, PR 00638

Angel J. Padilla Ortiz
Bo. Dos Bocas 2 Sect. Miranda Carr. 807
Corozal, PR 00783

AngelaCostanzo
5250 Fieldston Road
Bronx, NY 10471

Anmol Mehra
2403 East 14th Street
Austin, TX 78702

AnneEspenan
8200 S. Quebec St A3 119
Centennial, CO 80112

Annino,Michael
6306 Thompson Farm
Bedford, MA 01730

AnnMcGlynn
PO Box 2332
Davenport, IA 52809

AnsonCox
6515 A C Smith Road
Dawsonville, GA 30534

AnthonyGentile
West Side Dining 2nd fl.
Stony Brook, NY 11794

AnthonyRahe
101 West Carimona Street
Wykoff, MN 55990

Antunes,Debora Patricia
151 Forest Grove ave
Wrentham, MA 02093

AracelyNajera
18115 County Road 125
Pearland, TX 77581

Arent Fox LLP
1717 K Street, NW
P.O. Box 7247
Washington, DC 20006

ArjunKumar
9B Wood Street. 5th Floor. Kolkata 70001
India

ArthurShavers
39062 E Knieriem Rd
Corbett, OR 97019

ArunYenumula
1649 215th Place Southeast
Sammamish, WA 98075

Arvind,Anagha
75 Main Cir
Shrewsbury, MA 01545-3350

Asevedo,Gabriel Augusto
68 Broadway, Apt 1
Somerville, MA 02145-3372

AshChan
800 East 4th St
Los Angeles, CA 90013

AshishKoshy
3405 Mountain House Road. Willams Lake,
Canada

Ashley Burris
718 Brook Manor Court
O'Fallon, MO 63367

Ashton Julian
2035 South Florida Way
Fayetteville, AR 72701

Association of Zoos & Aquariums
8403 Colesville Road
STE 710
Silver Spring, MD 20910

Asymmetry Ventures Master Syndicate LLC
8 The Green
Suite #13283
Dover, DE 19901

AugustPeterson
65528 Halvorsen Lane
Ione, OR 97843

Austin Eriksson
18111 Nordhoff Street
Vallera 325
Northridge, CA 91330-8219

AutumnJackson
145 Park St.
DeFuniak Springs, FL 32435

AviadSheinfeld
2675 Independence Ave
Glenview, IL 60026

Babatunde Adegboyega
410 Old Pennywell Road. St John's, Newfo
Canada

BabatundeAdegboyega
410 Old Pennywell Road. St John's, Newfo
Canada

Baker Tilly WM LLP
400 Burrard St. Suite 900. Vancouver, Br
Canada

Baker,Derek J
258 Sprague Street
Dedham, MA 02026

Balaji,Anjuvarshini
34 Jonathan Circle
Merrimack, NH 03054

Balestriere
Attn: John G. Baslesreire, Esq.
225 Broadway, 29th Floor
New York, NY 10007

BambiDeLaRosa
5140 County Road 177
Celina, TX 75009

BARD MANUFACTURING COMPANY, INC.
PO BOX 73293-N
Cleveland, OH 44193-0814

Barnes,Jacy
50 Rutland Sq
#1
Boston, MA 02118

Barrett,Edward John
1876 Nicole Dr
Dresher, PA 19025-1438

BarryRasch
4602 52nd St. Thorsby, Alberta T0C 2P0
Canada

Basquette,Alexandra
9 Saint Peter St
Apt 6
Boston, MA 02130

Beas Cheekhooree
Industrial Zone. Royal Road. Gros Caillo
Mauritius

BeckyWills
17501A
Francis Harrell Rd
Elberta, AL 36530

Ben Chigier
PO Box 540
Portsmouth, NH 03802

BenjaminDotson
12405 184th St E
Puyallup, WA 98374-9135

BethzaidaRivera
75 Piedmont Ave NE, Suite 731
Atlanta, GA 30303

Bigrentz
3333 Michelson Drive
Suite 420
Irvine, CA 92612

BillBagby
500 South Glover Avenue
Urbana, IL 61802

BlakeTate
14244 Tern Drive
Colorado Springs, CO 80921

Bliss,Marc
81 Lexington Ave
Somerville, MA 02144

BLP Cleaning Services Inc
39 Imperial Avenue
Leominster, MA 01453

BobMartin
605 W Eichel Ave
Evansville, IN 47710

Botran,Adrian Francisco Gerard
21 Chauncy St, Apt 24
Cambridge, MA 02138-2460

Brad Bell
863 Cooke Road. RR#1. Stirling, Ontario
Canada

Brad McNamara
460 Harrison Ave
Apt 403
Boston, MA 02118

Brandi Lasure
2511 Lockhart Way. Cold Lake. Alberta T9
Canada

Brandly,Matthew
65 Langdon St
Apt 6
Cambridge, MA 02138

BrandonCunningham
7678 Park Ave
Lowville, NY 13367

Brava Brands LLC
11701 Old Bee Caves Road
Ste 215
Austin, TX 78738

BrendanRyan
115 A Street
Framingham, MA 01701

BrentKorte
5401 music lane
Lincoln, NE 68516

Brett Roberts
191 Arcade Ave
Seekonk, MA 02771-5005

BREX
650 S 500 W
Suite 209
Salt Lake City, UT 84101

Brian Potts
320 Conant Rd
Weston, MA 02493

Brian Quick
18 Opal Circle
Franklin, MA 02038

BrianManhardt
21 Large Mouth Ct
Defiance, MO 63341

BrianSummer
900 N Stratford Road
Winston-Salem, NC 27104

BrittanyMoreland
131 Lower Luther Rd
Red Lodge, MT 59068

BrittonDecker
8720 Bradford Bloomer Rd
Bradford, OH 45308

BrocSandelin
700 E Butler Ave
Doylestown, PA 18901

BryanFlower
180 West Stadium Dr.
Attn: Bryan Flower
DeKalb, IL 60115

BuddyColeman
1740 Ohio Avenue South
Live Oak, FL 32064

Burton Buffaloe
606 CHAMBERLAIN ST
Raleigh, NC 27607

Byrne, John
1 Blue Slip
Apartment 26N
Brooklyn, NY 11222

C/O Doreen Abubakar LLC CPEN Inc.
157 Church St.
19th Floor
New Haven, CT 06510

Cabrera, Jaeson David
66 W 7th St
Boston, MA 02127-2511

Cal Poly Pomona ATTN: Kelsey Swayze
3801 W. Temple Avenue
Pomona, CA 91768

Callie Bush
21 Trotter Drive
Medway, MA 02053

CalumBarnes
1600 Amphitheatre Parkway
Mountain View, CA 94043

Cambridge Healthtech Institute
250 First Avenue
Suite 300
Needham, MA 02494

Carlat,Sophia Melly
9 Old Wharf Rd
West Newbury, MA 01985-1434

CarlGrebing
R rstrandsgatan 29. Stockholm 13 41
Sweden

Carlo Cellai, Esq.
Cellai Law Offices
150 Grossman Drive
Suite 201
Braintree, MA 02184

Carlos J. Ibarrondo Gonzalez
Bo. Mirabales Quebrada Las Ca as km 8.4
San Sebastian, PR 00685

Carlos Leal Garcia
Bo. Carr. 833 km 8.1 Int. Lote 17 Canta
Guaynabo, PR 00969

Caroline Blanchard
101 Funchess Hall
Auburn, AL 36849

CarolineBeaton
81 Winter Street
Haverhill, MA 01830

CAROLYNvan de rostyne
14760 PRATOR STREET
Anchorage, AK 99516

Carrie Endries
10 Post Office Square
Suite N1010
Boston, MA 02109

Cascio,John-Michael
19 Colby St.
Medford, MA 02155

Cate Arnold
78 Avenue Louis Pasteur
Boston, MA 02115

CeciliaDel Cid
90 Everett Avenue
Suite 10
Chelsea, MA 02150

Chad & MelissaKruse
9338 Dahlberg Rd
0
Franktown, CO 80116

ChadRandal
40191 Retreat Road. Rockview County, Alb
Canada

Changzhou Dengyue Polymer Group Co.,ltd
No.209 Fumin Road Lucheng Street Wujin D
China

Charles Luster
120 Cataract Street
Worcester, MA 01602

Charter Link Logistics Group
199 Jericho Turnpike
Suite 300
Floral Park, NY 11001

CheyneOgilvie
108 North Front Street. Pense, Saskatche
Canada

Childs,Benjamin
140 Rublee St
Arlington, MA 02476-5647

ChrisMansfield
1999 Burdett Avenue
Troy, NY 12180

ChristianLangevin
3355 Chemin Marlinton. Ogden, Quebec J0
Canada

ChristinePerme
3209 Menlo Avenue
Cincinnati, OH 45208

Christodoulou,Emilios Charalambos
57 Cotting St
Medford, MA 02155-4301

Christopher Donnelly
20 warren st.
Boston, MA 02135

ChristopherHart
116 Long Pond Road
Plymouth, MA 02360

ChristopherHart
232 Beaver Dam Road
Plymouth, MA 02360

ChristopherPapouras
22800 Fox Ave
Euclid, OH 44123

ChristopherRampone
3 Beauview Drive
Chelsea, ME 04330

ChristopherRivera
78 Sutton Drive
VERNON ROCKVIL, CT 06066

Christy Miller
400 Celebration Place
Kissimmee, FL 34747

ChristyHalbert
294 Myers Rd
Brooksville, FL 34602

ChrisWard
79 Groton Road
Nashua, NH 03062

Chubb Commercial Insurance
PO Box 382001
Pittsburgh, PA 15250

CicilyArnsworth
3003 Thanksgiving Way
Lehi, UT 84043

Cision US Inc.
12051 Indian Creek Court
Beltsville, MD 20705

Citara Systems
65 Boston Post Road West
Ste 350
Marlborough, MA 01752

ClaireD'Antonio
19040 Graystone Rd
White Hall, MD 21161

ClaireMcgale
303 Homestead Ave
Holyoke, MA 01040

Clarita Sanchez
10209 Fossmoor St.
Austin, TX 78717

Clark Porter
1539 Thurston Ave
Unit D
Honolulu, HI 96822

Climactiva Group, LLC
BOX 366937
San Juan, PR 00936

CodiWhittaker
PO Box 30828. George Town KY1-1204
Grand Cayman

Coffin, Austin
548 E Broadway Apt 1
Boston, MA 02127

Connexus Manufacturing LLC
312 Main Street
Hudson, MA 01749

Connor Group Global Services, LLC
DEPT 3748 P.O. Box 123748
Dallas, TX 75312-3748

Connor Langridge
1478 North Hill Drive. Swift Current. Sa
Canada

Connor Stoilov
320 Southgate Drive. Bedford, Nova Scoti
Canada

ConstanceCollins
217 Northwest 15th Street
0
Miami, FL 33136

Controller Service & Sales
13 Robbie Road
Avon, MA 02322

Convention Management Group Inc
1430 Spring Hill Road
6th Floor
McLean, VA 22102

Coombs, Karen
6 Little River Rd
Kingston, NH 03848-3116

Cope, Brian
54 Green St #3
Jamaica Plain, MA 02130

CorrieCotton
Student Development Center
Suite 1160
Princess Anne, MD 21853

Corwin, Garrett
302 Rainbow Way
Durham, NC 27707

COURTNEYLAYTON
5764 RONNIE HILL LN
Ferndale, WA 98248

Coward & Schwartz-Sax
3904 N Druid Hills Rd
#366
Decatur, GA 30033

Cowley, Jacob Thomas
216 Cedar St
Apt 3
Somerville, MA 02145

Craigvan der Merwe
230-2270 Cliffe Avenue. Courtenay. Briti
Canada

Crochon, Louise Marie
53 Fort Avenue
Unit 1
Roxbury, MA 02119

Cuddeback, Phillip
305 River Rd
Apt. B
Eliot, ME 03903

Curtis Whittaker
656 Carolina Street
Gary, IN 46402

Dagres, Ava
78 Merriam St
Weston, MA 02493-1319

DakotaStaggs
215 Centennial Mall South
200
Lincoln, NE 68508

Dan Marino
122 PAUL GORE ST
Unit 3
JAMAICA PLAIN, MA 02130

DanCornish
11801 La Barzola Bend
Austin, TX 78738

DanielleAhern
57 River Road
Andover, MA 01810

DanielThayer
654 Boundary Boulevard
Rotonda West, FL 33947

DanielWalsh
14127 Leavitt Avenue
Dixmoor, IL 60406

DaphneCook
1234 East Hartman Avenue
Omaha, NE 68110

DarcyThring
072973 Southgate Sideroad 07. Proton Sta
Canada

DaveRuhl
4200 Cheyenne Mountain Zoo Road
Colorado Springs, CO 80906

David Mangus
470 Forest Ave
Brockton, MA 02301

David Payne
19250 Stranger Rd
Leavenworth, KS 66048

David Ridill
14 Orlando Street
South Portland, ME 04106

DavidBuuck
426 Constance Ave
Fort Wayne, IN 46805

DavidGoodman
1223 Saturn Drive
Nashville, TN 37217

DavidGoodman
610 Glenpark Ct
Nashville, TN 37217

DavidLarsen
7097 South Kline Street
Littleton, CO 80127

DavidLoop
5740 Morton Rd.
Springville, NY 14141

DavidWofford
50 Chieftain Way
Chickasaw, AL 36611

Davis,Benjamin John
24A Prentiss Street
Apt. 3
Cambridge, MA 02140

DB Roberts, Inc.
54 Jonspin Road
Wilmington, MA 01887

DeanneGoldston
30 Common Street
Watertown, MA 02458

DeanWatterud
31 Creek CT
Santa Rosa Beach, FL 32459

Decko Products
45 Maryland Ave E
Saint Paul, MN 55117

Degroot,Nicholas Michael
4B Blossom St
Leominster, MA 01453-2738

DeMarioVitalis
4450 Kessler Boulevard East Drive
Indianapolis, IN 46220

Demeter Agrimex, LLC
Homero 109, Despacho 1602, Col. Polanco.
Mexico

DemetriusBledsoe
2690 Lindsay Lane
Florissant, MO 63031

DerekDrake
12056 179th Street
Mokena, IL 60448

DerekHeim
19 Court Street
Second Floor
Taunton, MA 02780

DerekPanzer
320 St George St
0
London, ON N6A 3B1

DerrekHull
902 S Randall Rd.
Suite C
St. Charles, IL 60174

Devaris Strange-Gordon
9751 Carillon Park Drive
Windermere, FL 34786

DevinDupaix
8521 Leesburg Pike
Suite 501
Vienna, VA 22182

DexterOdom
1200 W. Montgomery Rd.
Tuskegee, AL 36088

Digi-Key Electronics
701 Brooks Ave South
P.O. Box 677
Thief River Falls, MN 56701-0250

Dimanche,Dominic A
32 Ellington Rd
Apt 2
Somerville, MA 02144-2543

Diminico,Robert Andrew
401 Fisher St
Walpole, MA 02081-2203

DinanyiliPaulino
63 6th St
Chelsea, MA 02150

Diversified Technologies LLC, dba MCT/RA
2 West Main Street
Victor, NY 14564

Doherty,Dugan,Cannon,Raymond & Weil
Attn: Nicholas Rossini, Esq
124 Grove Street
Suite 220
Franklin, MA 02038

Domingo Melendez Delgado
Bo. Botijas 11 Carr.156 km 6.8 Int. Sect
Orocovis, PR 00720

Dominic Hadeed
10814 NW 33rd Street
Suite #115
Miami, FL 33172

DomPiccini
2 Research Parkway
Wallingford, CT 06492

DonaldGriffiths
9366 East Falcon Way
Huntsville, UT 84317

DonaldSnoke
231 Park Avenue
Washington, PA 15301

DonaldTobul
6311 Cheryl Pl
Painesville, OH 44077

DonKnoll
11 McIntosh Avenue
Clarendon, IL 60515

Doshi,Sabrina
14 Tamwood Lane
Sewell, NJ 08080

Dr. ShemuelIsrael
14131 South Dearborn St
Riverdale, IL 60827-2227

DrewSteans
6947 Elmwood Crest
Live Oak, TX 78233

Dziura, Hannah
30 Hull Street
Apt 4
Boston, MA 02113

EbonyLunsfordEvans
3142 Ashlyn Street
Pittsburgh, PA 15204

EduardoCora
10901 Southwest 24th Street
Miami, FL 33165

EdwardGrainger
220 Beaverglen Close. Fort McMurray, Alb
Canada

Edwin Dews
123 Ryan Rd
Dummerston, VT 05301

Effgen, Gretchen
9 Bradford St
Boston, MA 02118

EileenLeffler, Innovation Office, c/o Jo
700 WASHINGTON AVE
Albany, NY 12203

Eisenbud, Ruby
25 Zamora Street
Jamaica Plain, MA 02130

Elden Blume
17207 391st Avenue
Redfield, SD 57469

Elizabeth Gifford
965 Albany Shaker Rd
Latham, NY 12110

ElizabethCare
2864 Vivian Rd. Stouffville Ontario L3Y
Canada

EllenFinelli
132 Torrey Road
Southbridge, MA 01550

EllenHeslop
35 Greenwood Crescent. Parry Sound. Onta
Canada

Emerson Swan
300 Pond Street
Randolph, MA 02368

EPRI ATTN: Frank Sharp
942 Corridor Park Blvd.
Knoxville, TN 37932

EricaYoung
14401 N LINCOLN BLVD
SUITE 109
EDMOND, OK 73013

Erich Ludwig
36 Berkeley St
Somerville, MA 02143

Ernie Cormier
94 Brigantine Cir
Norwell, MA 02061

EthanPage
120 Enterprise Blvd
Lander, WY 82520

ETM Manufacturing
24 Porter Rd
Littleton, MA 01460

EvanNabel
50 Columbia Street
Watertown, MA 02472

Evans,Michael C
45 Bennington St, Apt 1
Quincy, MA 02169-7803

EveBrown
100 Gold St
Suite 3300
New York, NY 10038

Evelsizer,William George
897 Heartland Way
Hailey, ID 83333-5007

F. W. Webb Company
160 Middlesex Turnpike
Bedford, MA 01730

FaithFowler
11745 Rosa Parks Boulevard
Detroit, MI 48206

Felser, Jacob
80 Ferdinand St
Melrose, MA 02176

FerdinandBouwman
Martha Koosje 17. Willemstad
Curacao

Ferme Urbaine Polynesienne c/o Teddy Sno
BP2167, Punaauia 98703
Tahiti

FF Inv. Fund
1885 Mission Street
San Francisco, CA 94103

Fiagbedzi, Joshua
230 Willard st , Unit # 209
Quincy, MA 02169

Fichman, Ryan Harrington
35 Chestnut Hill Ave, Apt 4
Brighton, MA 02135-3200

firstPRO, Inc.
125 Summer Street
Suite 1640
Boston, MA 02110

Fleming JR, James
28 Catamaran St
Jamestown, RI 02835-2326

Fleming, Darien J
88 Noons Quarry Rd
Milford, NH 03055-3445

Flores, Haydn
1450 Estates Ave
#1208
Charlotte, NC 28209

Fontanilla, Trish
PO BOX 52029
Boston, MA 02205

Fortin, Katharine Nicole
23 Marshall Road
Wellesley, MA 02482

Frances-Ann Minors
Ixoria Drive Royal Gardens. PO Box W863.
Antigua

Frederick,Roland
11 Stallbrook Rd
Medway, MA 02053

FREDERICKCHAVEZ
2399 CORDOVA LN
RANCHO CORDOVA, CA 95670

FrederickMurphy
95-1200 Meheula Parkway
Mililani, HI 96789

Freight Farms Investors, LLC
635 Lake Park Drive
Coppell, TX 75019

Friedman,Jonathan
60 Hermon Street
Winthrop, MA 02152

Futufarm Ab
Box 7110, HALMSTAD 30007 Sweden

gabrielgarcia
1500 North 3rd Street
Grants, NM 87020

GailTaylor
Gower St. London WC1E 6BT
England

Ganshirt,William
530A Tremont St #R3
Boston, MA 02116

Garry,Robert Thomas A.
316 E 77th Street, Apartment 2A
New York, NY 10075

GaryDavis
5577 Little Applegate Rd
Jacksonville, OR 97530

Gebbia,Jonathan Lee
96 Queen Anne Rd, Apt 503
Harwich, MA 02645-2461

GeoffBezuidenhout
6946 W HAUSMAN RD
San Antonio, TX 78249

GeoffreyJans
4215 Vallenar Ln
KETCHIKAN, AK 99901

Gerardo Mena-Carrion
Bo. Boquilla Carr. 685 km 4.9 Int. Sect.
Manati, PR 00674

Gideon Saunders
3384 Antone Way
Kodiak, AK 99615

GillFinley
400 East Main St.
Frankfort, KY 40601

GlennPhiefer
907 Winding Way
Newton, NJ 07860

Global Industrial
29833 Network Place
Chicago, IL 60673-1298

Gong.io Inc
PO Box 102866
Pasadena, CA 91189

GrahamCasden
5093 Flagstaff Rd
Boulder, CO 80302

Grainger
160 Broadway
Everett, MA 02149

Grant Anderson
214 Golf Club Drive
Metter, GA 30439

Grant,Samuel
122 Chestnut St
#1
Waltham, MA 02453

GregNitzkowski
7 Third Street
Bucksport, ME 04416

Griffith,Stephen Bradley
10527 Tobias Ln
Frisco, TX 75033-0151

Griffith,Wayne Lindsay
50 E Transit St Unit 3
Providence, RI 02906-3821

HamiltonHorne
835 Godber Street
Charleston, SC 29412

Handley,Michael
3 Mary Jane Road
Franklin, MA 02038

Harrington Industrial Plastics LLC
Po Box 676273
Dallas, TX 75267

Harris,David
23 Ossipee Road
Apt 2
SOMERVILLE, MA 02144

HarrisonPritchard
16 Dagmar road. Windsor SL4 1JL
England

Hayes,Bryan
5 N Margin St.
Unit 4
Boston, MA 02113

HeatherDavis
5505 Chuckey Pike
Chuckey, TN 37641

HeatherSproule
1641 Mt Begbie Rd. Revelstoke, British C
Canada

HeatherSyzmura
3041 N 31st Ave.
Phoenix, AZ 85017

HectorPomales
Jorge Manrique 2046
El Se orial
San Juan, PR 00926

Hefei WNK Smart Technology Co. Ltd.
5F, Bldg 2A, Mingzhu Industrial Park, 10
China

Heidi Grunt
73950 Inn Ave
29 Palms, CA 92277

Heil,Emma
75 Decatur St.
Unit 2
Arlington, MA 02474

HenriVilleneuve
BP 4736. Dumbéa 98839
New Caledonia

Hereford, Jacob
PO Box 2012
Laredo, TX 78044

Hernandez, Hector
38 Hyde Park Ave
Boston, MA 02130-4175

Hettich
4295 Hamilton Mill Road
Suite 400
Buford, GA 30518

Hinckley Allen & Snyder
28 State Street
Boston, MA 02109-1775

Holmes, meaghan E
222 Charge Pond Rd
Wareham, MA 02571-1115

Howard Wolk
400 Rivers Edge Drive
Medford, MA 02155

Hughes, Kirsten Brandsma
278 Central St
South Weymouth, MA 02190-2810

Hughes, Peter Michael
164 Beech St
Roslindale, MA 02131-2706

Hunt, Matthew
117 Elm St
Somerville, MA 02144

Hydrofarm LLC
PO BOX 102326
Pasadena, CA 91189-2326

IanSerrao
ETeck Tamana In Tech Park. Vistabella, S
Trinidad and Tobago

ICR LLC
761 Main Ave
Norwalk, CT 06851

Igoe, Vanessa Mikayla
4 Northey St.
Apt 2
Salem, MA 01970

Intransit Container
241 Francis Avenue
Mansfield, MA 02048

IsaacHorton
513 Branch Street
Raleigh, NC 27601

Itrato, Christina Marie
77 Wildcrest Ave
Billerica, MA 01821-6101

IvanGarcia Besada
Estrada Fragosi o, 32, Nave 2. Vigo 3621
Spain

JaccobStanton
650 Maryville University Dr
Town and Country, MO 63141

Jackie Mula
63 Leyden St
Unit 1
East Boston, MA 02128

JackiePeeler
Museum Of Science Driveway
Boston, MA 02114

JackLau
502 W 58th Ave Unit C
Anchorage, AK 99518

JackLevine
86 Shaw Road
Chestnut Hill, MA 02467

JackMorey Jr
35 Glacier Rd
Cora, WY 82925

JackRothman
3410 Park Avenue
Oceanside, NY 11572

Jacque Colemere
1166 Fox Meadow Lane
Alpine, UT 84004

JacquelineScala
612 North Oakley Boulevard, 107
107
Chicago, IL 60612

Jaggit Khairah
23 du Point Circle
Sugar Land, TX 77479

JaimeZaret
17911 218TH AVE NE
Woodinville, WA 98077

James Woolard
256 Hillcrest Rd
Needham, MA 02492

JamesHearsum
900 Washington St
Wellesley, MA 02482

JamesPaul
184 N Genesee St
Suite 111
Utica, NY 13502

JamesPurcell
161 Rosa L Parks Blvd
Nashville, TN 37203

JamesWalker
4260 N 4800 W
Corinne, UT 84307

JamieAllen
535 Chalan Pale Haya Ramon. Suite 116. Y
Guam

JamieAnderson
Lydian Holdings BC Inc, UNIT 5, 9452 193
Canada

JaneenMays
4659 South Drexel Boulevard apt 506
Chicago, IL 60653

JanetSweeney
425 HAMILTON ST
SCHENECTADY, NY 12305-2608

JaredRector
128 N 13TH STREET,
#1100
Lincoln, NE 68508

Jason Billue
2075 Green Pond Rd
Aiken, SC 29803

JasonGavin
6942 King Abdulaziz Rd. Office 402, 4th
Saudi Arabia

JasonYeagle
1050 Westminster Street
Fitchburg, MA 01420

JasSchatz
6 Chelsea Terrace
Boston, MA 02128

Jean Hammond
104 Spruce St
Watertown, MA 02472

Jean-Luc Boussard
83 Av. de la Grande Arm e. Paris 75016
France

JeanBreton
200 chemin Champagne. St-Michel-des-Sain
Canada

Jeff Vittone
1696 White House Rd.
Moneta, VA 24121

JeffFranklin
115 Valmar Street
North Harrison Street
Little Rock, AR 72205

JenniferBinkley
333 Cate Center Drive
Norman, OK 73072

JenniferBinkley
600 Parrington Oval
Norman, OK 73019

JenniferStals
11533 133rd Street. Edmonton t5mlh3
Alberta

JennyAustin
4715 South Ferncreek Avenue
0
Orlando, FL 32806

Jeremy Guay
1 Blue Pride Way
Attleboro, MA 02703

jeremywhipple
550 Trolley Line Boulevard
Ledyard, CT 06338

JesseGrothe
5412 Bryant Ave S
Minneapolis, MN 55419

JessicaFung
1201-6188 Wilson Avenue. Burnaby, Britis
Canada

JessicaGainer
17410 W Lance Hill Rd.
Cheney, WA 99004

Jill Herrin
251 N 1st St
Jacksonville, AR 72076

JillFrey
3495 Monterey Hills Dr NE
Grand Rapids, MI 49525

Jim Kuipers
10920 Calumet Avenue
Dyer, IN 46311

JimGracie
43 Hudson St
Northborough, MA 01532

JimMiller
300 Ash Street
Central Point, OR 97502

jimziesler
1079 Kott Road
Fredericksburg, TX 78624

JoannePurdy
3633 Old US 231 South
0
Lafayette, IN 47909

JoeBlunda
218 South Street
Unit 18
Waltham, MA 02453

John Adams
32540 S Biosphere Rd
Oracle, AZ 85623

John Gordon
9301 East 147th St
Kansas City, MO 64149

JOHN RFERGUSON
306 Leyland Rd
0
Statesboro, GA 30458

John Skarvelis
3377 Danmark Dr
Glenwood, MD 21738

John Wood
21862 Michigan Lane
Lake Forest, CA 92630-2408

John Worsley
P.O. Box 3282. Nipawin, Saskatchewan S0
Canada

JohnCannon
5897 Bluff Ledge Road
Sturgeon Bay, WI 54235

JohnFox
645 Hillman Drive
Winchester, VA 22601

JohnGraves
31 Brooks Drive
Braintree, MA 02184

JohnHarper
1231 Bayshore Drive
0
Terra Ceia, FL 34250

Johnson,Colby Michael
739 Cohas Avenue
Manchester, NH 03109

johnsquires
796 main road
po box 4120
westport, MA 02790

JohnSt Onge
77 Willson Street
Salem, MA 01970

JohnSticha
130 Moss Dr
DeBary, FL 32713

JohnTurner
1029 Overstreet Lane
Leander, TX 78641

Jonathan Friedman
60 Hermon Street
Winthrop, MA 02152

Jonathan Payson
27 Harbor Street
Manchester, MA 01944

Jonathan Rios V zquez
HC 03 Box 33519
Hatillo, PR 00659

JONATHANSHAW
16345 Old York Rd.
Monkton, MD 21111

JonnyMetropoulos
628 Logan Street
Helena, MT 59601

JordanHaaland
2 Lakeview Crescent. Lakeview Beach, Sas
Canada

Jorge Luis Berrios Marrero
Carr 818 km 3.3 Int. Bo. Cibuco
Corozal, PR 00783

Jose Alvarado Ramos
303 Calle Domingo Colon
Aibonito, PR 00705

JosephCherepowich
9 Clouds Way
Rehoboth, MA 02769

JosephConrad
708 Felicidad Lane
Taos, NM 87571

Josephcooney
50 Condor street
East Boston, MA 02128

JosephGrisafi
2110 Horseshoe Rd
Lancaster, PA 17601

JoshBaird
323 Callahan Street
Muskogee, OK 74403

JoshSmith
4176 Manchester Avenue
St. Louis, MO 63110

Joyce,Patrick L
76 Downer Ave
Unit 1
Dorchester, MA 02125

Judkins Blount
405 Cloverdale Road
Montgomery, AL 36107

Julia Favorito
333 Winter St
Weston, MA 02493

Julia Favorito
103 Norfolk St.
Apt 3
Cambridge, MA 02139

Julian Jacobs
932 Seigle Avenue
Charlotte, NC 28205

Julianne Kloza
57 Bartlett St
Somerville, MA 02145

JulieHickman
625 Agriculture Mall Drive
West Lafayette, IN 47907

JumpolVorasayan
50 Ngamwongwan Rd. Krung Thep Maha Nakho
Thailand

Justin Staples
5105 Peachtree Industrial Blvd
Building B
Atlanta, GA 30341

Kai Hiemstra
PO Box 92. Maitland B0N 1T0
Nova Scotia

KaiStoudemire
435 Haltiwanger Road
3
Greenwood, SC 29649

Kalow Technologies
155 Seward Road
Rutland, VT 05701

Kalyn Gutormson
46828 201st St
Bruce, SD 57220

Karamvir Kumar
2 Middleton Mansions, 9/1 Middleton Stre
India

KarenGood
PO BOX 142,
Kapaau, HI 96755

KariFarkas-Lasich
1401 Presque Isle Ave
MARquette, MI 49855

Karl Buttner
118 Peakham Rd
Sudbury, MA 01776

KasanChavanapanit
10 Yak 11 Phet Kasem 69 Lak 2. Bangkok T
Thailand

KatelynWilllyerd
110 Fort Cherry Road
McDonald, PA 15057

Kathryn Nash
1407 Main Street
Bastrop, TX 78602

Katie Powell
1142 SW Keats Ave
Palm City, FL 34990

KatieSalsbury
6616 Cattle Creek Rd
Victor, ID 83455

KatlynFoy
946 Penny Branch Rd
Warsaw, NC 28398

Katsiroubas,Caroline
2805 Brightwood Avenue
Nashville, TN 37212-5820

Katz,James Robert
2880 Hancock Hwy
Equinunk, PA 18417-3003

Keith Cohen
449 Lowell Ave
#9
Newtonville, MA 02460

KeithBoyle
476 Webster St.
Hanover, MA 02339

KeithKonyk
1000 Weigles Hill Rd
Elizabeth, PA 15037

KeithTucker
1213 SW 330th Pl
Federal Way, WA 98023

Kelly,Alissa
33 Dogwood Ln
Medway, MA 02053-2177

Kelly,John J
44 Bruin Hill Rd.
North Andover, MA 01845

KennethTownsend
20 Junior Street
WEST WARWICK, RI 02893-4501

KenyonChristen
1389 East Aviator Avenue
Eagle Mountain, UT 84005

KenZhou
PO Box 1021. Victoria, Mahe vic1021
Seychelles

Kevin Jones
121 West Street
Whitesboro, NY 13492

KevinGoggins
17 Thoroughbred Way
Clifton park, NY 12065

KevinHolt
1117 US Route 130
Robbinsville, NJ 08691

KevinPetermann
207 FM 473
Comfort, TX 78013

KhadilaJoseph
1834 Kongens Gade
St. Thomas, VI 00802

Kimberly and Jeff Kushner
61 Spruce Run Drive
Brewster, MA 02631

KimberlyGreen
214 Lake Ave.
Rochester, NY 14608

KimO'byrne
204 Hill Street
Hatch, NM 87937

Kloza,Julianne
57 Bartlett St
Apartment 2
Somerville, MA 02145

Koch,Samantha
1 Shelton Rd
Flemington, NJ 08822

Kolb,Darian Jean
9 Revere St, Apt 3
Boston, MA 02114-3803

Kollarova,Alexandra
50 Bridge St
419
Brooklyn, NY 11201

KortniWroten
382 Plantation Street
Worcester, MA 01605

KristyAndrew
PO Box 364
Cordova, AK 99574

KurtVandewetering
21 Beach Way
Baiting Hollow, NY 11933

KyleWagner
Gold and Diamond Park. Office 213, Build
Dubai

KyraMoore
5171 South Dakota Ave NE
Washington, DC 20017

La Vonne Richardson
677 Ala Moana Blvd
Ste 907
Honolulu, HI 96813

LairdSanders II
2300 East Lake Mead Parkway
Henderson, NV 89015

LakiLefkatis
6 Mesolongiou Street. Konia 8300
Cyprus

LandonCohen
407 Crawford Road
Modesto, CA 95350

LaNeseMahan
2667 Hylton Rd.
Springdale, AR 72764

Lapham,Nicholas H
691 east 8th streeet
Apt 2
South Boston, MA 02127

LaraGay
300 Belmont Street
Saginaw, TX 76179

Larson,Emelia Grace
204 W Horah St
Salisbury, NC 28144-4951

Latham & Watkins LLP
555 WEST 5TH STREET
Suite 300
Los Angeles, CA 90013-1010

Lauren Richman
204 Grove Street
Newton, MA 02466

LaurenJones
3625 Southern Avenue
Shreveport, LA 71104

Lauriat,Jeremiah Davis
3 Temple Ct
Goffstown, NH 03045

Lawson & Weitzen
88 Black Falcon Avenue
Sui345
Boston, MA 02210

LeanaWathey
Wellfare Road 88. Colebay 32835
0
Saint Maarten

Lee Alegre
1734 Dreydon Avenue
Cambria, CA 93428

LeeVetsch
624 2nd Ave N
Unit 313
Fargo, ND 58102

Leland Barkes
3079 East Rivernest Drive
Boise, ID 83706

Lexington Capital SAP de CV

Lexington Capital, S.A.P.I. de C.V
Homero 109, Despacho 1602, Col. Polanco.
Mexico

Liberty,Nathan Joshua
16 Rowe Street
Milton, MA 02186

LindaRussell
104 Fannin St
Holland, TX 76534

Lipari,Joseph Daniel
4 Dean Way
South Boston, MA 02127-2361

Lisa Azevedo
16703 South Clark Ave
Bellflower, CA 90706

LisaWelch
202 South Highway 123
Suite E
Ozark, AL 36360

Live Oak Solutions
32 Homer Avenue
Buffalo, NY 14216

LizDupont-Diehl
183 Windsor Ave
Windsor, CT 06095

LizStanton
3538 Waialae Ave
Honolulu, HI 96816

Locke,Alexander Woodward
3643 S Emily St
San Pedro, CA 90731

LoganMorrow
650 Forward Drive
Madison, WI 53711

Logos Partners, LLC
5053 Blue Heron Way
Boca Raton, FL 33431

Logue,Jacob L
36 Prospect St, Apt 1
Athol, MA 01331-2355

Lucas,Dana
404 Clinton Rd
Brookline, MA 02445

Lucy McQuilken
124 Bolton Road
Harvard, MA 01451

Ludwig,Erich
36 Berkeley Street
Somerville, MA 02143

LukasDoman
90 Windsor Street. Corner Brook. Newfoun
Canada

Lukoff,Justin
68 Foster St, Apt 3
Brighton, MA 02135

LynnRainville
285 Old Westport Rd.
North Dartmouth, MA 02747

MadelineRaynolds
740 Sessions Meadow
0
Woodstock, VT 05091

MagnusLeydner
Kemistv gen 2A. T by 183 79
Sweden

MagnusMagnusson
3 Geilin. Kv v k 340
Faroe Islands

Maquia Capital Family Office, LLC
2 S Biscayne Boulevard Suite
Suite 3200
Miami, FL 33131

MarcusCarpenter
6458 Larkspur Ct
Corcoran, MN 55340

MarcusHouser
310 17th St
Arnold, PA 15068

Marie Berrios Martinez
Calle Topacio # 96 Espinosa
Dorado, PR 00646

Marino,Daniel
122 Paul Gore St
Apt 3
Jamaica Plain, MA 02130

Mark Ludley
5 Craig Lane
Hingham, MA 02043

MarkMurphy
486 Chandler St.
Worcester, MA 01602

Marks,Emma
21 Cornelius Way
Apt. E
Cambridge, MA 02141

MarkSoto
64 North Church Street. George Town KY1
Grand Cayman

Marquez,Elijah Edward
55 Mechanic St
Fitchburg, MA 01420-3598

Martin Konechne
44973 234th St
Madison, SD 57042

Martin,Amy
3 Sandy Glen Drive
Holden, MA 01520

MartinVesper
Aachener Stra e 1042a. Cologne 50858
Germany

Marton,Taylor Daniel
3 Millett St
Woburn, MA 01801

MarvinPayne
4500 Riverwalk Pkwy
Palmer Hall 242A
Riverside, CA 92505

Marx,Colleen Frances
502 Ronnie Drive
Indian Harbour Beach, FL 32937

Mathewson,Michelle
840 Summer St., Ste 108
Boston, MA 02127

MatthewAzzam
2617 Old Fort Schoolhouse Rd
Hampstead, MD 21074

MatthewCallison
3640 Old Oakdale Road
McDonald, PA 15057

MatthewHarvey
221 Forest Rd.
Raleigh, NC 27605

MatthewToomes
535 Portwall Street
Houston, TX 77029

MattPowell
6061 West Incline Road
Casper, WY 82604

MaxPoritzky
141 Middle Grove Rd
Greenfield Center, NY 12833

MaxwellSchechter
2320 Packsaddle Rd
LIVERMORE, CO 80536

Mazzilli,Francesca
3 Bertuccio Avenue
Salem, MA 01970

McCue, Andrew
26 Clarendon Ave
Apt 2
Somerville, MA 02144

McGathey, James Christian
20 Union St
Hingham, MA 02043-2956

McLane, Connor
61 West Cedar Street
Apt 4
Boston, MA 02114

McLean, Annie
840 Summer St., Ste 108
Boston, MA 02127

McNamara, Brad T
460 Harrison Ave
Apt 403
Boston, MA 02118

Meg Baesmith, Chicory Wealth
3904 N Druid Hills Rd
#366
Decatur, GA 30033

Melissa Melshanker Ackerman
241 Fairview Drive
Glencoe, IL 60022

MelissaArata
3364 Silverwood St
Escalon, CA 95320

MelissaRiggle
100 College Hill Drive
Greenville, NC, NC 27858

Michael Okun
1569 Barclay Blvd
Buffalo Grove, IL 60089

Michael R. Dornbrook Trust
343 Commercial St
Unit 602
Boston, MA 02109

Michael Stevens
6048 Park Street
Evergreen, CO 80439

Michael Tamasi
74 Bodwell Street
Avon, MA 02322

Michael Zepf
7222 Arley Place
Springfield, VA 22153

MichaelJochner
1505 E. Main Ave
Morgan Hill, CA 95037

MichaelNewmark
950 Main St
Worcester, MA 01610

MichaelSichenzia
5544 147th Street
Suite B5
Oak Forest, IL 60452

MichaelUnruh
10164 Bloomfield North Road
Gentry, AR 72734

MicheleHarari
926 Curtiss Road
Fortine, MT 59918

Michelle Graham
10200 Smith Road
Denver, CO 80239

Mike Hance Trucking. Inc
3059 Walker Mountain Road
West Rutland, VT 05777

Mike Johnson
1401 34th St SE
Washington, DC 20020

Mike Kearney
15 Kansas St.
Natick, MA 01760

MikeArters
1121 Thatcher Street
Wilmington, DE 19802

MikeNelson
393 Fortune Blvd
Milford, MA 01757

MikeRamsey
5000 Estate Enighed
Pmb 397
St John, VI 00830

Mini Warehousing, Inc
241 Francis Avenue
Mansfield, MA 02048

Mitch Tyson
20 Burroughs Road
Lexington, MA 02420

MitchColeman
801 Ferry Street
Dayton, OR 97114

MitchHagney
1829 Santa Anna
0
San Antonio, TX 78201

MitchReddy
2050 Montgomery Ave.
Villanova, PA 19085

Mitrokostas,Sophia Christian
16 Margaret Street, APT 2
Boston, MA 02113

Mockapetris,Eric Copeland
81 Newton St
Somerville, MA 02143-3936

MohammadEmran
Plot KHIA8 142-143. Taweelah, Kizad 8944
Abu Dhabi

Mohawk Global Logistics
123 Air Cargo Road
Syracuse, NY 13212

Momentum Manufacturing Group
210 Pierce Road
Saint Johnsbury, VT 05819

Monoprice
PO Box 740417
Los Angeles, CA 90074-0417

Moore,Joanna
350 3rd Ave
1D
New York, NY 10010

Moore,Owen Patrick
248 Broadway
Unit 2
Somerville, MA 02145

Morningside Venture Investments Limited
2nd Floor, Le Prince de Galles, 3-5 Aven

Moss,Tristan Charles
501 Congress St, Apt 1519
Boston, MA 02210-2933

Mula,Jaclyn
63 Leyden St.
Unit 1
East Boston, MA 02128

Mulan Manufacturing Group
Room 505-507, Building 37, 2049 Pujin Ro
China

NajiBoustany
80 Stoney Hill rd
Vineyard Haven, MA 02568

NancyHofmeister
8721 Wilbur Avenue
Northridge, CA 91324

NancyWilson
5035 Wellington Road 32. Guelph, Ontario
Canada

Nappier,John
7901 Pettibone Rd
Chagrin Falls, OH 44023

NateBrown
9 Walker Road
Beverly, MA 01915

Nathan Einsig c/o Mechanicsburg Area Sch
600 South Norway Street
2nd Floor
Mechanicsburg, PA 17055

National Development
360 Longwood Avenue
Boston, MA 02115

Neil Greene
899 Kimball Road
Highland Park, IL 60035

NeilArmstrong
Six Cross Roads. Saint Philip
Barbados

Nepali,Tenzin Dorjee
1 Newcomb St
Unit 301
Boston, MA 02118

NickJohnson
12601 58th St. NW
Epping, ND 58843

NickMillisor
2525 Arapahoe St.
Denver, CO 80205

NicoleDavis
1308 Ellsworth Place
Gary, IN 46404

Nigel Slater
118 Windsor Road
Medford, MA 02155

NoelSchaff
412 8th Street
PETALUMA, CA 94952

NorthEast Electrical
560 Oak Street
Brockton, MA 02301

Northern Air Systems, Inc.
3605 Buffalo Road
Rochester, NY 14624

NXT Ventures Fund I, LLC
c/o Ocean Gate
PO Box 677
MARBLEHEAD, MA 01945

O'Malley,Patrick Joseph
9 Penny Lane
Leominster, MA 01453

O'Sullivan,Katherine A
125 Chiswick Rd
Apt. 512
Brighton, MA 02135

OgtayGasimzada
Shakbazi str. 8. Baku AZ1008
Azerbaijan

OlaBseiso
King's Highway. Madaba, Manja 16188
Jordan

Olivia Stalvey
1700 7th Avenue
Troy, NY 12180

Olson, Stephen David
54 Turner Street
Apt 3
Brighton, MA 02135-2894

One Way Lease
1000 Broadway
Suite 425
Oakland, CA 94607

OnLogic
435 Community Drive
South Burlington, VT 05403

Onstott, Heather
43 Woody Point Rd
PO Box 2081
New London, NH 03257

OsamaBastaki
Mirqab, Block 3. Khaled Ibn Al Waleed St
Kuwait

Ospraie Ag Science, LLC. c/o Ospraie Man
411 Theodore Fremd Ave
Suite 240
Rye, NY 10580

Osterlund, Baker August
396 Washington St # 209
Wellesley, MA 02481-6209

Padgett, William Scott
644 W Roxbury Pkwy
Roslindale, MA 02131-2741

PanayiotisTimveos
Antonis Andronikou Street. Parekkklisia,
Cyprus

Pantuosco, Carla
45 Province Street #911
Boston, MA 02108

Paradox Sales LLC dba Equalseal
8845 East Market Street
Warren, OH 44484

Patrick Gruninger
8311 NW 184th Dr
Alachua, FL 32615

Patrick McVeigh
10 Post Office Square
Suite N1010
Boston, MA 02109

PatrickSvoboda
133 North Hillcrest Drive
Ogallala, NE 69153

PatrikPersson
S rby ngsv gen 24-30. rebro 70254
Sweden

PaulaHoude
902 S Randall Rd.
Suite C
St. Charles, IL 60174

PaulSmith
6474 Corrine Dr. NW
Canton, OH 44718

PawelWegrzyn
3359 Mississauga Rd. Mississauga, Ontari
Canada

Pazienza,Katherine Mollie
46 Waverley St
Belmont, MA 02478

PelayoBolivar
C. Ca ada de la Carrera, 2-4, Pozuelo de
Madrid

Pellegrino,Aidan
762 Tremont St
Apt 1
Boston, MA 02118

Perin & Campbell
128 Nahant Street
Wakefield, MA 01880

Perkins,Spencer Hayden
32 Eldridge Dr
North Attleboro, MA 02760-4172

PeteBlanchfield
2860 King Rd
Sauquoit, NY 13456

PeterBalabuch
1155 Union Circle
Denton, TX 76208

PeterHandy
7 Broughton Ave. Mt. Nelson, 7007
Tasmania

PhilHatcher
1018 Main Street. Westphal, Nova Scotia
Canada

PhilipHulett
565 Seward St
Dillingham, AK 99576

Phillip Cuddeback
469 Upper Weadley Rd.
Wayne, MA 19087

Pierre Koncurat
39 Abby Road
Farmhouse
Avondale, PA 19311

Pierre, Joseph John
28 Mason Terrace
Brookline, MA 02446

Pope, Julia
88 Gerrish Ave
Apt 310
Chelsea, MA 02150

Pope, Sara
48 Rowe Ave
Portland, ME 04102

PZ Horton
3114 Jackson Avenue
Memphis, TN 38112

Quinn, Aidan
5 peabody street
newton, MA 02458

Rabschnuk, Alexander L
34 Atlantic Ave
Cohasset, MA 02025-1803

Rabschnuk, Alison
34 Atlantic Ave
Cohasset, MA 02025-1803

RachelUhrenholdt
51556 836 Rd
Elgin, NE 68636

Racine,Ana Paula
164 Blossom St apto 222
Lynn, MA 01902

RaeannaGriffis
305 Morning Mist Rd
Manhattan, MT 59741

RandyCruz
21 Reyes Drive
Sapello, NM 87745

Ranita Dejesus
101 West Love Street
Troy Pike Center For Technology (Pike Co
Troy, AL 36081

RayReed
34201 Kentucky Derby Place
Dade City, FL 33525

Reinhardt,Colin
3 Ricker Terrace
Brighton, MA 02135

Reliance Worldwide Corporation
2300 Defoor Hills Road Northwest
Atlanta, GA 30318

Rev. Carl P Wallace
1102 Meadow Spur
Akron, OH 44333

Rich Bowman, Bowman's Market
326 Main Street
Kaysville, UT 84037

Richard J. Swanson
331 Alberta Drive
Suite 103
Amherst, NY 14226

RichardHammonds
100 Drake Court
Jacksonville, NC 28540

Richards, Layton & Finger
920 North King Street
Wilmington, DE 19801

RichMaddox
4044 Fort Campbell Blvd.
Hopkinsville, KY 42240

RichMaha
600 Circle Rd
Stony Brook, NY 11790

Rick Vanzura
2 Steamboat Lane
Hingham, MA 02043

RickeyFleming
117 Zenner St
Buffalo, NY 14211

RickMerfield
4990 Radford Ct
Dubuque, IA 52002

Ridge,Brian Peter
836 Willard Street
Apt 202
Quincy, MA 02169

Ridill,David Russett
14 Orlando St.
South Portland, ME 04106

RikardHillarp
Kristian IV:s v g 3
Sweden

Riteng Industry Co
Room 803 Chavalier House 45-51 Chatham R
Hong Kong

Rivulis Irrigation, Inc
P. O. Box 841976
Boston, MA 02284

RKS Ventures, LLC
27 Colburn Ln
Hollis, NY 03049

Robert Hagemeyer
6594 Buckboard St
North Port, FL 34291

RobertClifford
5000 Old Buncombe Rd
Suite 27-101
Greenville, SC 29617

RobertDimech
43 Hanna Avenue. Unit C424. Toronto, Ont
Canada

RobertFlanders
4580 Kings Abbot Way Northwest
Peachtree Corners, GA 30092

Roberto Colon
Bo. Caracol Carr. 402 km 4.1
A asco, PR 00610

RobertWare
233 Meadow Green Avenue
30 S American Ave
Dover, DE 19901

RobinJanse
Grace Bay Rd. Grace Bay TKCA 1ZZ
Turks and Caicos

RocioHernandez
2151 Russell Lane
San Benito, TX 78586

RodgerPhillips
9705 Southwest Dolphin Point Road
0
Vashon, WA 98070

RodneyPoole
8250 Nalle Grade Road
North Fort Myers, FL 33917

Rodriguez,Luis O
3 Tri-Town Dr
Apt 105
Lunenburg, MA 01462

Rojas,Cesar Augusto
491 Weld St Apt 1
West Roxbury, MA 02132-1310

Rothenberg Ventures
1459 18th Street
#345
San Francisco, CA 94107

RyanCullen
1610 Champlain Avenue. Whitby. Ontario L
Canada

RyanMcgann
248 Route 25a, STE 72
East Setauket, NY 11733

RyanSmith
1241 Generals Hwy
Crownsville, MD 21032

RyanSweeney
3209 Galleria
#1406
Edina, MN 55435

Sabina Giakoumis
2450 West Ball Road
Anaheim, CA 92804

SAITEX ATTN: Virginia Rollando
Lot 225, Amata Industrial Park, Long Bin
Vietnam

SamTolman
330 West Washington Avenue
Las Vegas, NV 89106

Sandaradura, Shyanki R
166 Dodd Dr
Holliston, MA 01746-1208

SaraSmith
1895 Stratford Avenue
Stratford, CT 06615

Sardelis, Mitchell George
81 Eugene St
Leominster, MA 01453-4607

SavannahSherman
461 South Pine Street
Pinedale, WY 82941

SB Gateway II LLC
2310 Washington Street
Newton Lower Falls, MA 02462

Schauer, Maria
416 Marlborough St. #209
Boston, MA 02116

Seaman, Kyle
9 Anthony Rd
Bedford, MA 01730

SebastienSainsbury
85 Great Portland Street. London W1W 7LT
England

Seema David
197 East Avenue. Toronto, Ontario M1C 3K
Canada

SeifSalama
28 Ahmed Wasfi, Almazah. Cairo 11865
Egypt

SeifSalama
28 Al Shahid Ahmed Wasfi St. Almazah, Ca
Egypt

SelmaDavis
119 Scott Hill Road
Saint Helena Island, SC 29920

Semyon Dukach
250 Beacon Street
Boston, MA 02116

Sensorex
11751 Markon Drive
Garden Grove, CA 98841

SergioCarranza
78080 Calle Amigo
Suite 103
La Quinta, CA 92253

Seth Weissman
1419 Whitehorn St
Ferndale, WA 98248

SHAMASH,ORRY
73 Bow Street
Medford, MA 02155

Shamritsky,Rebecca Ellen
145 Florence Street
Chestnut Hill, MA 02467

Shamshery,Pulkit
90 Chandler Street
Apt 1
Somerville, MA 02144

ShaneOliver
4 Hoffner Ct
Roebbling, NJ 08554

Shapiro,Benjamin Alexander
67 Jordan Rd
Brookline, MA 02446-2315

ShaunaSpillane
2600 Mendon Road
Cumberland, RI 02864

ShaunWessell
1513 Route 28
0
Brookville, PA 15825

ShaunWilliams
3328 Lawrence 1220
Everton, MO 65646

ShawnCusson
235 Baker Street
Boston, MA 02132

shawnharris
2015 Moodie St E
Thunder Bay, ON P7E 4Z4

ShawnSpaulding
23 Topping Court
Huntington, WV 25705

ShayleRothman
4195 15th SDRD. King, Ontario L7B 1K4
Canada

ShelbyMassey
900 Finley Lane
Ag Shop
Craig, CO 81625

Shenzhen Ohmax Optoelectronic Lighting C
No. 132 Fuxing Street Hehua Community Lo
Hong Kong

SherylSmith
127 Smithfield Rd
Frederiksted, VI 00840

ShirleyPosey
6201 N 21st St
Philadelphia, PA 19138

SHROFF, MONALISA
5 Zambom Terrace
Andover, MA 01810

Shulevich, Viktoria
326 A St., Unit 4C
Boston, MA 02210

Silverstein, Jaime
78 Benton Road
Apt 3
Somerville, MA 02143

SkylerBrazel
2431 Joe Johnson Drive
ANR 301
Knoxville, TN 37996

Slater, Nigel
118 Windsor Rd.
MEDFORD, MA 02155-5924

Smith, Brooke
10 Thacher Street
Apt 207
Boston, MA 02113

Smith, Jordan Jinfu
7 Price Rd, Apt 6
Allston, MA 02134-2570

Snow, Christopher
31 Longview Road
Reading, MA 01867

Spark Capital Founders' Fund IV, LP
200 Clarendon Street
Boston, MA 02116

Spark Capital IV, L.P.
137 Newbury Street
FL 8
Boston, MA 02116

SST Sensing Ltd
5 Hagmill Crescent, Coatbridge, Scotland
United Kingdom

StaceySchacter
174 Watercolor Way
Suite 103-268
Santa Rosa Beach, FL 32459

StacyHill-Sutherland
134 Harold St.
Roxbury, MA 02119

Stage 1 Ventures, LLC
2811 South Bayshore Drive
Suite 17A
Coconut Grove, FL 33133

Stanton, Kostant
69 Saddle Rock Way
Manchester, NH 03102

Star Power LLC
228 Park Ave S
New York, NY 10003-1502

Steam Logistics
325 Market Street
Suite 204
Chattanooga, TN 37402

Stefan Clarke
393 Fortune Boulevard
Milford, MA 01757

StefanClarke
Lot 2, Kendal. Bridgetown, St. John BB20
Barbados

Stein Learning Gardens
1210 West 78th Place
Chicago, IL 60620

StephanHamer
5810 S Green St
Chicago, IL 60621

StephaniePatillo
1900 Thomas Road
Haltom City, TX 76117

Steven Lobel
6535 Parkview Drive
H
Boca Raton, FL 33433

Steven RBallard
2640 Jefferson Avenue
Ogden, UT 84401

Steven Warren
430 Broadway
Cambridge, MA 02138

SteveSavitz
1005 Kriebel Mill Rd
Worcester, PA 19403

Stikeman Elliott LLP
5300 Commerce Court West 199 Bay Street.
Canada

Stone, Geoffrey De Louvigny
111 West 8th Street
Boston, MA 02127

Strauss Media Strategies
National Press Building, Suite 1163 529
Washington, DC 20045

Struebing, Stephen Louis
8131 Garth Ct
Annandale, VA 22003-1310

Superior Felt & Filtration, LLC
1150 Ridgeview Drive
McHenry, IL 60050

TamaraRick
1830 Airport Road
Staples, MN 56479

Taxiera, Alex
19 Tripp Ave
Brockton, MA 02301

TaylorBerschet
3960 Brookham Dr
Grove City, OH 43123

TechStars stock
1050 Walnut Street
Suite 202
Boulder, CO 80302

Teds of Fayville Inc
300 Turnpike Road
Southborough, MA 01772

Terranda, S. de R.L. de C.V.
Homero 109, Despacho 1602, Col. Polanco.
Mexico

Terrin Ricehill
9773 Turnpoint Drive
West Des Moines, IA 50266

Terry DDawson
74 South Street
Williamsburg, MA 01096

Thanksgiving Point
3003 North Thanksgiving Way
Lehi, UT 84043

The Teen Warehouse
1121 Thatcher Street
Wilmington, DE 19802

Theodore Katsiroubas
83 Peregrine Rd.
Newton, MA 02459

Thomas Publicover
17479 The Gore Road. Caledon East. Ontar
Canada

Thomas, Brandon Gerard
9 Southbury Rd
Cumberland, RI 02864

Thomas, John Stephen
24 Estrella St
Jamaica Plain, MA 02130-1944

TiffanyMcGuire
17 Charles Court
East Patchogue, NY 11772

TimothyLewis
6851 Citizens Parkway
San Antonio, TX 78229

TinaHolton
1711 Pepperidge Dr.
Orlando, FL 32806

TobiasPeggs
630 Flushing Ave
Suite 375
Brooklyn, NY 11206

TobyO'Berry
2705 E Euclid Ave
0
Des Moines, IA 50317

Todd Wong
1188 Rosamund Drive
San Ramon, CA 94582

ToddPortier
257 Stanwich Road
Greenwich, CT 06830

Tom Lashmit
218 Farm Road
Marlborough, MA 01752

TomLashmit
82 Brigham Street
Marlborough, MA 01752

TomSMITHERMAN
1900 Van Buren Street
116B
Hollywood, FL 33020

TovaFeinberg
6760 Southwest Avenue
St. Louis, MO 63143

TracyJanowicz
91-2128 Old Fort Weaver Road
Ewa Beach, HI 96706-1911

TracyRoach
13300 W. 2nd Pl.
Lakewood, CO 80228

Transportation One, LLC
1315 North North Branch Street
Suite E
Chicago, IL 60642

Travis Darr
2810 OSBORN CUTOFF RD
mosier, OR 97040

Trenchard,Rick M
481 Boylston Street
Apt #1
Brookline, MA 02445

TrevorSpear
518 South West Street
Raleigh, NC 27601

TriNet HR III-A, Inc.
1 Park Place
Suite 600
Dublin, CA 94568-7983

TristanSeisa
532 South Arden Boulevard
Los Angeles, CA 90020

Turina,David
345 Harrison Avenue
1129
Boston, MA 02118

TVT Capital Source LLC
881 Baxter Drive
STE 100
South Jordan, UT 84095

Two Men And A Truck
260 Fordham Road
Suite 600
Wilmington, MA 01887

TylerBortz
10200 Smith Road
Denver, CO 80239

UG 2, LLC
PO Box 5972
Springfield, MA 01101-5972

VananMurugesan
4414 Humboldt Avenue North
Minneapolis, MN 55412

Vanilla Forums Inc.
2045 Rue Stanley. Suite 1000. Montreat,
Canada

Vanzura,Cedric John
2 Steamboat Lne
Hingham, MA 02043

Vents-US
400 Murray Rd
Cincinnati, OH 45217

Vikram Punwani
181 Laurel Rd
Chestnut Hill, MA 02467

VinnieLima
3000 Village Run Road
#103-124
Wexford, PA 15090

VoidStar LLC
1487 Beacon St
Unit 4
Brookline, MA 02446

WadeYoung
439 Grand Dr Box 154
Bigfork, MT 59911-3614

Walley, Jonathan L
491 Massachusetts Avenue
Unit G
Boston, MA 02118

WandaLaughlin
7580 County Road 136
Live Oak, FL 32060

Wang, Edbert
29 Packard Ave
Apt 2
Somerville, MA 02144

Warren Katz
20 Fairfield Street
Boston, MA 02116

Warren, Steven
430 Broadway #3
Cambridge, MA 02138

Waterbury, Samuel
128 Furnace Street
Apt 3
North Adams, MA 01247

WendyWyatt
4086 County Road 119
Hesperus, CO 81326

Weston Howland III
75 Federal Street
Suite 1100
Boston, MA 02110

White, Sam
20 Chapel St
C908
Brookline, MA 02446

Will Herman
72 Leafy Hill Lane
Wolfeboro, NH 03894

WillCox
96 Pitts Bay Road. Hamilton
Bermuda

WilliamWerner
1 Shields Avenue
Davis, CA 95616

WilliamWoods
14013 S 33rd West Ave.
Glenpool, OK 74033

Winborn,Ky D
10 Cogswell Ave
Cambridge, MA 02140

Wisentaner,Rachel Ann
1045 Adams St
Unit 1
Dorchester, MA 02124

Woolard,James
256 Hillcrest Road
Needham, MA 02492

Wrap Solutions
278 Lowell Street
Wilmington, MA 01887

Wu,Grace
290 Middle St
West Newbury, MA 01985

YingZhang
2556 West Highway 318
Citra, FL 32113

YWCA Metropolitan Chicago
1 North La Salle Street
Suite 1700
Chicago, IL 60602

ZachKalas
127 West 127th Street
Annex Building
New York, NY 10027

Zack Armen
55 Vancycle Rd
Lincolnvillle, ME 04849

ZackBurns
3400 Vine Street
Cincinnati, OH 45220

Zahran,Sarah Carrie
27 School Street Pl Apt 3
Boston, MA 02119-3498

**United States Bankruptcy Court
District of Massachusetts**

In re **Freight Farms, Inc.**

Debtor(s)

Case No.

Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Freight Farms, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

Demeter Agrimex LLC
Homero 109, Despacho 1602, Col Polanco
Cuidad de Mexico, 11570
MEXICO

Ospraie Ag Science
411 Theodore Fremd Ave
Rye, NY 10580

Ospraie Ag Science
411 Theodore Fremd Ave
Rye, NY 10580

Ospraie Ag Science
411 Theodore Fremd Ave
Rye, NY 10580

Ospraie Ag Science
411 Theodore Fremd Ave
Rye, NY 10580

☐ None [*Check if applicable*]

April 30, 2025

Date

/s/ Donald R. Lassman

Donald R. Lassman 545959

Signature of Attorney or Litigant

Counsel for **Freight Farms, Inc.**

Law Office of Donald R. Lassman

P. O. Box 920385

Needham, MA 02492

781-455-8400 Fax:781-455-8402

Don@LassmanLaw.com